

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00086313	2 Total pages filed: 248															
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Molly C.</td> <td style="width: 40%;">MI </td> </tr> <tr> <td>NICKNAME</td> <td>LAST Cook</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Molly C.	MI 	NICKNAME	LAST Cook	SUFFIX	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026									
	MS / MRS / MR The Honorable	FIRST Molly C.	MI 															
NICKNAME	LAST Cook	SUFFIX																
<table style="width: 100%;"> <tr> <td colspan="2"> 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address </td> <td> ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 667238 Houston, TX 77266 </td> </tr> </table>		4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 667238 Houston, TX 77266	Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 667238 Houston, TX 77266																
Receipt #	Amount																	
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mr.</td> <td style="width: 30%;">FIRST Leif</td> <td style="width: 40%;">MI </td> </tr> <tr> <td>NICKNAME</td> <td>LAST Hatlen</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mr.	FIRST Leif	MI 	NICKNAME	LAST Hatlen	SUFFIX										
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NICKNAME	LAST Hatlen	SUFFIX																
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width: 100%;"> <tr> <td style="width: 45%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width: 15%;">APT / SUITE #;</td> <td style="width: 15%;">CITY;</td> <td style="width: 15%;">STATE;</td> <td style="width: 10%;">ZIP CODE</td> </tr> <tr> <td colspan="5">13527 N. Tracewood Bend</td> </tr> <tr> <td colspan="5">Houston, TX 77077</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	13527 N. Tracewood Bend					Houston, TX 77077				
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Houston, TX 77077																		
7 CAMPAIGN TREASURER PHONE	<table style="width: 100%;"> <tr> <td style="width: 25%;">AREA CODE</td> <td style="width: 35%;">PHONE NUMBER</td> <td style="width: 40%;">EXTENSION</td> </tr> <tr> <td colspan="3">(281) 493-3107</td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(281) 493-3107											
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(281) 493-3107																		
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)							
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9 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 15%;">Year</td> <td style="width: 20%;">THROUGH</td> <td style="width: 20%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> <tr> <td colspan="3">07/01/2025</td> <td colspan="4">12/31/2025</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	07/01/2025			12/31/2025				
	Month	Day	Year	THROUGH	Month	Day	Year											
07/01/2025			12/31/2025															
10 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year </td> <td style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special													
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11 OFFICE	<table style="width: 100%;"> <tr> <td style="width: 55%;"> OFFICE HELD (if any) State Senator District 15 </td> <td style="width: 45%;"> 12 OFFICE SOUGHT (if known) </td> </tr> </table>			OFFICE HELD (if any) State Senator District 15	12 OFFICE SOUGHT (if known)													
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 248

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

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	50,830.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	48,726.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	117,878.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

The Honorable Molly C. Cook

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

3 of 248

18 FILER NAME Cook, Molly C. (The Honorable)		19 Filer ID 00086313	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	50,600.21
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	230.30
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	48,726.91
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	2,299.62

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/177 Rpt: 4/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abramowitz, Joel <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Kathleen <hr/> Contributor address; City; State; Zip Code Holliston, MA 01746	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Laury <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mediator		Employer (See Instructions) Adams Mediation & Financial Resource Center
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, William <hr/> Contributor address; City; State; Zip Code Yorktown, VA 23692	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agha, Yusuf <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/177 Rpt: 5/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Virginia <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-4424	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions) Legacy Community Healthcare
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amato, Deanne <hr/> Contributor address; City; State; Zip Code SHERIDAN, OR 97378	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Lane <hr/> Contributor address; City; State; Zip Code Gulf Breeze, FL 32563	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Vickie <hr/> Contributor address; City; State; Zip Code Shelton, WA 98584	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrade, Gregory <hr/> Contributor address; City; State; Zip Code Greeley, CO 80631	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/177 Rpt: 6/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrean, Linda <hr/> 6 Contributor address; City; State; Zip Code Minneapolis, MN 55436	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Noel <hr/> Contributor address; City; State; Zip Code Longview, WA 98632	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antin, Quealy <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arkis, Lisa <hr/> Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self-Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armani, Julia <hr/> Contributor address; City; State; Zip Code Houston, TX 77064-5347	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Travel advisor		Employer (See Instructions) AAA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/177 Rpt: 7/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnholter, Ellen <hr/> 6 Contributor address; City; State; Zip Code Bloomington, IN 47401	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Arlene <hr/> Contributor address; City; State; Zip Code Bonney Lake, WA 98391	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Alternative Health		Employer (See Instructions) Arlene Arnold
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Ken <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) K Arnold Consulting Inc
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arya, Kunal <hr/> Contributor address; City; State; Zip Code Edmonds, WA 98020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Google
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asher, Janice <hr/> Contributor address; City; State; Zip Code Bryn Mawr, PA 19010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/177 Rpt: 8/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERG, Tom <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-5120	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERG, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-5120	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self Employed
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODA, Jean <hr/> Contributor address; City; State; Zip Code Lauderdale Lakes, FL 33311-1994	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babin, Karen <hr/> Contributor address; City; State; Zip Code Metairie, LA 70001-5127	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagley, John <hr/> Contributor address; City; State; Zip Code Kokomo, IN 46902	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/177 Rpt: 9/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bair, Chip <hr/> 6 Contributor address; City; State; Zip Code Lahaina, HI 96761	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bandy, James <hr/> Contributor address; City; State; Zip Code Carlton, OR 97111	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baptist, Jeremy <hr/> Contributor address; City; State; Zip Code Overland Park, KS 66207	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barcnas, C <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-Employed
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barcnas, C <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Theresa <hr/> 6 Contributor address; City; State; Zip Code Venice, FL 34285	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartos, John <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baum, Barbara <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55414	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baum, Paula <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94127	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baylis, Ruth <hr/> Contributor address; City; State; Zip Code Lincoln, CA 95648	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beauchemin, Mary Ann <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beauchemin, Mary Ann <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedecarre, Corrinne <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55417	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Normandale Community College
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedecarre, Corrinne <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55417	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Normandale community College
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedecarre, Corrinne <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55417	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Normandale community College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/177 Rpt: 12/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedecarre, Corrinne 6 Contributor address; City; State; Zip Code Minneapolis, MN 55417	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Normandale community College
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedecarre, Corrinne Contributor address; City; State; Zip Code Minneapolis, MN 55417	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Normandale community College
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beilharz, Margaret Contributor address; City; State; Zip Code Blue River, OR 97413	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beilharz, Margaret Contributor address; City; State; Zip Code Blue River, OR 97413	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beilharz, Margaret Contributor address; City; State; Zip Code Blue River, OR 97413	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/177 Rpt: 13/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belsome, Paul <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77380	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) United States Marketing		9 Employer (See Instructions) Dhl Global Forwarding
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bence, Paige <hr/> Contributor address; City; State; Zip Code Oakland, CA 94619	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benek, Scott <hr/> Contributor address; City; State; Zip Code Warrington, PA 18976	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benek, Scott <hr/> Contributor address; City; State; Zip Code Warrington, PA 18976	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bereka, Tesfaye <hr/> Contributor address; City; State; Zip Code Arlington, VA 22204	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Bus Driver		Employer (See Instructions) Aps

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/177 Rpt: 14/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Thomas <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self-Employed
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-5120	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self-Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-5120	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self-Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergey, Nancylee <hr/> Contributor address; City; State; Zip Code Bala Cynwyd, PA 19004	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bigelow, Melinda <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80920	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/177 Rpt: 15/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blachly, Peter <hr/> 6 Contributor address; City; State; Zip Code Bath, ME 04530	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Sea Captain		9 Employer (See Instructions) Sea Tow
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackerby, Christine <hr/> Contributor address; City; State; Zip Code Hyattsville, MD 20782	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Exhibits Curator		Employer (See Instructions) Architect Of The Capitol
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Robinson <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) Houston Fire Department
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Robinson <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) Houston Fire Department
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Robinson <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) Houston Fire Department

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/177 Rpt: 16/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Robinson <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) Houston Fire Department
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Robinson <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) Houston Fire Department
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Robinson <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) Houston Fire Department
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blueford-Daniels, Kathy <hr/> Contributor address; City; State; Zip Code Houston, TX 77251	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogert, Paulette <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/177 Rpt: 17/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bomben, Carol <hr/> 6 Contributor address; City; State; Zip Code Eden Prairie, MN 55347	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) General Manager		9 Employer (See Instructions) Preserve Association
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borches, Susan <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borowski, Edward <hr/> Contributor address; City; State; Zip Code Macomb, MI 48044	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Custodian		Employer (See Instructions) Misd
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourgain, Susan <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouthillier, Marianne <hr/> Contributor address; City; State; Zip Code North Stratford, NH 03590	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/177 Rpt: 18/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyareddigari, Prasanth <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bramble, Barbara <hr/> Contributor address; City; State; Zip Code Blue Hill, ME 04614	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bregman, Yvonne <hr/> Contributor address; City; State; Zip Code RIDGEFIELD, CT 06877	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self-Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brendzel, Cindy <hr/> Contributor address; City; State; Zip Code Overland Park, KS 66212	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/177 Rpt: 19/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bright, David <hr/> 6 Contributor address; City; State; Zip Code Gaithersburg, MD 20878	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brophy, Ruth <hr/> Contributor address; City; State; Zip Code Walnut Creek, CA 94595	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Randy <hr/> Contributor address; City; State; Zip Code Orlando, FL 32804-7122	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Sherry <hr/> Contributor address; City; State; Zip Code Las Cruces, NM 88011	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunetti, Maureen <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Houston Methodist Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/177 Rpt: 20/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Lee <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030-2020	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Lee <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-2020	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Anne <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Clinical Nurse Specialist		Employer (See Instructions) Austin Palliative Care
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Jonathan <hr/> Contributor address; City; State; Zip Code Glenside, PA 19038	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Archivist		Employer (See Instructions) Montco
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Betty <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/177 Rpt: 21/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Lake Forest Park, WA 98155	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carsman, Howard <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84109	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carsrud, Alan <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carsrud, Alan <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carsrud, Alan <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/177 Rpt: 22/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carsrud, Alan <hr/> 6 Contributor address; City; State; Zip Code Spicewood, TX 78669	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carulli, Lorraine <hr/> Contributor address; City; State; Zip Code Yorba Linda, CA 92887	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavale, Tim <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10025	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanagh, Megan <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Cisd
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Sergio <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Greenberg Traurig LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/177 Rpt: 23/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceriello, Kara <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98117	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chadwick, Susan <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self-Employed
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chadwick, Susan <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Susan Chadwick
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaloupka, Susan <hr/> Contributor address; City; State; Zip Code Boise, ID 83702	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Potter		Employer (See Instructions) Self-Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlin, Owen <hr/> Contributor address; City; State; Zip Code Seattle, WA 98125	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/177 Rpt: 24/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cimafranca, Michelle <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Medicare Sales Agent		9 Employer (See Instructions) Select Quote
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciranni, Marjorie <hr/> Contributor address; City; State; Zip Code Columbus, OH 43209	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Connie <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Melissa <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73116	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michelle <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/177 Rpt: 25/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claycombe, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Development Director		9 Employer (See Instructions) Coastal Prairie
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clement, Emily <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clement, Emily <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clement, Emily <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Stephen <hr/> Contributor address; City; State; Zip Code Oakland, CA 94605	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/177 Rpt: 26/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conatser, Jo&Charles <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79411	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coneway, Lynn <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin TX, TX 78746-4115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Self-Employed
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin TX, TX 78746-4115	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Self-Employed
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin TX, TX 78746-4115	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/177 Rpt: 27/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin TX, TX 78746-4115	7 Amount of Contribution (\$) <div style="text-align: right;">\$15.00</div>
8 Principal occupation / Job title (See Instructions) researcher		9 Employer (See Instructions) Self
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin TX, TX 78746-4115	Amount of Contribution (\$) <div style="text-align: right;">\$20.00</div>
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Self
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin TX, TX 78746-4115	Amount of Contribution (\$) <div style="text-align: right;">\$15.00</div>
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Self
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Chloe <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Menil Foundation
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Chloe <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Menil Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/177 Rpt: 28/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, M Thomas <hr/> 6 Contributor address; City; State; Zip Code Bandera, TX 78003	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coon, Jane <hr/> Contributor address; City; State; Zip Code Woodville, VA 22749	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corlette, Gordon <hr/> Contributor address; City; State; Zip Code Coralville, IA 52241	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sr. Epe Business Analyst		Employer (See Instructions) Evergreen Packaging
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelsen, Gordon <hr/> Contributor address; City; State; Zip Code Seattle, WA 98102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cort, Louise <hr/> Contributor address; City; State; Zip Code Granville, OH 43023	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/177 Rpt: 29/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costello, Carlita <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79938	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotter, John <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) United Airlines
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotter, John <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) United Airlines
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotter, John <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) United Airlines
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotter, John <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) United Airlines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/177 Rpt: 30/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotter, John <hr/> 6 Contributor address; City; State; Zip Code Kingwood, TX 77345	7 Amount of Contribution (\$) \$12.00
8 Principal occupation / Job title (See Instructions) Pilot		9 Employer (See Instructions) United Airlines
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotter, John <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) United Airlines
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotton, Benjamin <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35816	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coughlin, William <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Cathy <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$20.25
Principal occupation / Job title (See Instructions) Health Educator		Employer (See Instructions) Health Care For All Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/177 Rpt: 31/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Cathy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$20.25
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Jackie <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crane, Patricia <hr/> Contributor address; City; State; Zip Code Muncie, IN 47303	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crist, Phylliss <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85711	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crocker, Samuel <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/177 Rpt: 32/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Currey, Dawn <hr/> 6 Contributor address; City; State; Zip Code Yukon, OK 73099	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Mondelez
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curry, Debra <hr/> Contributor address; City; State; Zip Code Davis, CA 95616	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D'Orsie, Sharon <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77046-1412	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dakin, Mary Ellen <hr/> Contributor address; City; State; Zip Code Revere, MA 02151	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Revere Public Schools
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/177 Rpt: 33/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78217	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4543	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) Stafflink Inc
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4543	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) Stafflink Inc
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4543	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) Stafflink Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/177 Rpt: 34/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025-4543	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Economic Analyst		9 Employer (See Instructions) StaffLink Inc
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4543	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) StaffLink Inc
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4543	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) StaffLink Inc
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4543	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) StaffLink Inc
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daum, Jeremy <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Graduate Student		Employer (See Instructions) Rice University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/177 Rpt: 35/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daum, Jeremy 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Graduate Student		9 Employer (See Instructions) Rice University
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daum, Jeremy Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Graduate Student		Employer (See Instructions) Rice University
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daum, Jeremy Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Graduate Student		Employer (See Instructions) Rice University
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daum, Jeremy Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Graduate Student		Employer (See Instructions) Rice University
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey, Robert Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Vynckier

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/177 Rpt: 36/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Alan <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98104	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Cameron <hr/> Contributor address; City; State; Zip Code Atascocita, TX 77346	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Design Engineer		Employer (See Instructions) Pentair
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Cameron <hr/> Contributor address; City; State; Zip Code Atascocita, TX 77346	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Design Engineer		Employer (See Instructions) Pentair
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Cameron <hr/> Contributor address; City; State; Zip Code Atascocita, TX 77346	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Design Engineer		Employer (See Instructions) Pentair
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Cameron <hr/> Contributor address; City; State; Zip Code Atascocita, TX 77346	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Design Engineer		Employer (See Instructions) Pentair

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/177 Rpt: 37/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Cameron <hr/> 6 Contributor address; City; State; Zip Code Atascocita, TX 77346	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Design Engineer		9 Employer (See Instructions) Pentair
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Cameron <hr/> Contributor address; City; State; Zip Code Atascocita, TX 77346	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Design Engineer		Employer (See Instructions) Pentair
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Michael <hr/> Contributor address; City; State; Zip Code Easton, MD 21601	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeHart, Dalton <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSilver, Susan <hr/> Contributor address; City; State; Zip Code Northford, CT 06472	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/177 Rpt: 38/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSilver, Susan 6 Contributor address; City; State; Zip Code Northford, CT 06472	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSilver, Susan Contributor address; City; State; Zip Code Northford, CT 06472	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra, Kathryn Contributor address; City; State; Zip Code Klamath Falls, OR 97601	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self-Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dehart, Dalton Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self-Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Diane Contributor address; City; State; Zip Code Beavercreek, OR 97004	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/177 Rpt: 39/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deroche, Vicki 6 Contributor address; City; State; Zip Code Clarkston, WA 99403	7 Amount of Contribution (\$) \$3.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deroche, Vicki Contributor address; City; State; Zip Code Clarkston, WA 99403	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deroche, Vicki Contributor address; City; State; Zip Code Clarkston, WA 99403	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deroche, Vicki Contributor address; City; State; Zip Code Clarkston, WA 99403	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desilver, Susan Contributor address; City; State; Zip Code Northford, CT 06472	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/177 Rpt: 40/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobson, Diane <hr/> 6 Contributor address; City; State; Zip Code Santa Clara, CA 95051	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobson, Kathryn <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Mcdaniel College
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4750	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Paul <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/177 Rpt: 41/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dooley-Sammuli, Margaret <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92126	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Chief Strategist		9 Employer (See Instructions) A New Way of Life Reentry Project
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doran, Jill <hr/> Contributor address; City; State; Zip Code Seattle, WA 98115	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) University Of Washington
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowdeswell, Roger <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) tennis teacher		Employer (See Instructions) self
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressman, Fran <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskill, Cynthia <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/177 Rpt: 42/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskill, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Baytown, TX 77521	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubitzky, Mildred <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-1007	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dukes, Thomas <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duman, Jo Ann <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E Darling, Kristen <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Research scientist		Employer (See Instructions) Child Trends

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/177 Rpt: 43/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E Lewis, Mary <hr/> 6 Contributor address; City; State; Zip Code Blackshear, GA 31516	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E. Carroll, Sarah <hr/> Contributor address; City; State; Zip Code Oakland, CA 94605	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) national university
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ede Jr., Fred <hr/> Contributor address; City; State; Zip Code Decatur, GA 30033	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Research Specialist		Employer (See Instructions) Emory University
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eiman, Norma <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elder, Susan <hr/> Contributor address; City; State; Zip Code Columbia, MO 65203	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/177 Rpt: 44/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48104	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) County
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elwell, Claire <hr/> Contributor address; City; State; Zip Code watertown, MA 02472	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elwyn, Katherine <hr/> Contributor address; City; State; Zip Code Peekskill, NY 10566	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elwyn, Katherine <hr/> Contributor address; City; State; Zip Code Peekskill, NY 10566	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elwyn, Katherine <hr/> Contributor address; City; State; Zip Code Peekskill, NY 10566	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/177 Rpt: 45/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enochson, Roy <hr/> 6 Contributor address; City; State; Zip Code Yerington, CA 89448	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epley, Kirby <hr/> Contributor address; City; State; Zip Code Chicago, IL 60657	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eriksen, Erin <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eriksen, Erin <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eriksen, Erin <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/177 Rpt: 46/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eriksen, Erin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eriksen, Erin <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eriksen, Erin <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erving, Fredrick <hr/> Contributor address; City; State; Zip Code DeSoto, TX 75115	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Rosita <hr/> Contributor address; City; State; Zip Code Memphis, TN 38109	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/177 Rpt: 47/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fair, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Wright & Close Llp
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farley, Jeannette <hr/> Contributor address; City; State; Zip Code Oakland, CA 94608	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Gail <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrell, Marilyn <hr/> Contributor address; City; State; Zip Code OLATHE, KS 66215	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fenoglio, John <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Real Estate Finance		Employer (See Instructions) Cbre

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/177 Rpt: 48/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrans, Dianne <hr/> 6 Contributor address; City; State; Zip Code Huntsville, AL 35806	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) DBA		9 Employer (See Instructions) Kratos
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiedler, Suzanne <hr/> Contributor address; City; State; Zip Code Jacksonville, FL 42246	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fink, Ed <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-3838	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dmo		Employer (See Instructions) Uthealth Houston
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fink, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) UTHEALTH
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fink, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) UTHEALTH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/177 Rpt: 49/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fink, Edward <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) UTHEALTH
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fink, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) UTHEALTH
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, Linda <hr/> Contributor address; City; State; Zip Code Manson, WA 98831	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, Linda <hr/> Contributor address; City; State; Zip Code Manson, WA 98831	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firestone, Anne <hr/> Contributor address; City; State; Zip Code White Heath, IL 61884	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/177 Rpt: 50/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiscus, Karen <hr/> 6 Contributor address; City; State; Zip Code Fortville, IN 46040	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiscus, Karen <hr/> Contributor address; City; State; Zip Code Fortville, IN 46040	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flaherty, Sharon <hr/> Contributor address; City; State; Zip Code Oakland, CA 94611	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes-Watkins, Jennifer <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) social worker		Employer (See Instructions) Encompass Health
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Peter <hr/> Contributor address; City; State; Zip Code Greensboro, NC 27406-9005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/177 Rpt: 51/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortin Jr, Leon <hr/> 6 Contributor address; City; State; Zip Code Providence, RI 02906	7 Amount of Contribution (\$) \$9.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Winfred <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Winfred <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Winfred <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Winfred <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/177 Rpt: 52/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Winfred <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fredrickson, Susan <hr/> Contributor address; City; State; Zip Code Etowah, NC 28729	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fredriksen, Knut <hr/> Contributor address; City; State; Zip Code McLean, VA 22101	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Ivor <hr/> Contributor address; City; State; Zip Code Exeter, NH 03833	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freidus-Flagg, Alberta Joy <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96826	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/177 Rpt: 53/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Deborah <hr/> 6 Contributor address; City; State; Zip Code Hamilton, MT 59840	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Mary Anne <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Houston Isd
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Mary Anne <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Houston Isd
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friend, Barbara <hr/> Contributor address; City; State; Zip Code Glendale, CA 91203	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Writer/Producer		Employer (See Instructions) CBS Studios
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friske, Kristyn <hr/> Contributor address; City; State; Zip Code Evergreen, CO 80439	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/177 Rpt: 54/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullem, Robert <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) Nih
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullem, Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Nih
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullem, Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) NIH
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullem, Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) NIH
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullem, Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) NIH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/177 Rpt: 55/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fultz, David <hr/> 6 Contributor address; City; State; Zip Code Port Richey, FL 34668	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERSHON, FREDRIC <hr/> Contributor address; City; State; Zip Code New York, NY 10022	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) C0-CHAIRMAN		Employer (See Instructions) MTI-enterprises INC.
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERDRUM, KURT <hr/> Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Diana <hr/> Contributor address; City; State; Zip Code Spring, TX 77380	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Commercial Real Estate		Employer (See Instructions) Self employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Diana <hr/> Contributor address; City; State; Zip Code Spring, TX 77380	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Commercial Real Estate		Employer (See Instructions) Self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/177 Rpt: 56/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galbraith, Lucy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77054	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallaway, Alison <hr/> Contributor address; City; State; Zip Code Marble Falls, TX 78654	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallo, Alisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) Unitehere
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Maria <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Oracle
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garant, Catherine <hr/> Contributor address; City; State; Zip Code Seattle, WA 98133	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Case Manager		Employer (See Instructions) Ddcs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/177 Rpt: 57/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gartner, Daniel <hr/> 6 Contributor address; City; State; Zip Code Oro Valley, AZ 85755	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Andres <hr/> Contributor address; City; State; Zip Code Skokie, IL 60076	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Cps
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gautreau, Phil <hr/> Contributor address; City; State; Zip Code NYC, NY 10011	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerard, Kegan <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Southern California Edison
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerber, Linda <hr/> Contributor address; City; State; Zip Code Monroe Twp, NJ 08831	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/177 Rpt: 58/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerhard, Earl <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Nancy <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golding, Constance <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10026	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golding, Constance <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10026	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golding, Constance <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10026	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/177 Rpt: 59/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Paul <hr/> 6 Contributor address; City; State; Zip Code Topanga, CA 90290	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Astronomer		9 Employer (See Instructions) Calif.Inst.Technology
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Kathy <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Edward <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 99368	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Margaret <hr/> Contributor address; City; State; Zip Code NEW YORK, NY 10023	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Jane <hr/> Contributor address; City; State; Zip Code San Luis Obispo, CA 93401	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/177 Rpt: 60/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Susan 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Susan Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Susan Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Susan Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Andrea Contributor address; City; State; Zip Code Richmond, CA 94801	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Kaiser

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/177 Rpt: 61/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grieb, Sylvia <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90049	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grisham, Julie <hr/> Contributor address; City; State; Zip Code Springfield, IL 62711-7974	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grubbs, Stephen <hr/> Contributor address; City; State; Zip Code Spring, TX 77388	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerdrum, Kurt <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerdrum, Kurt <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/177 Rpt: 62/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDY, DEXTER <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77007	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) LT COL US AIR FORCE RETIRED		9 Employer (See Instructions) DEPARTMENT OF DEFENSE
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANSEN, BARRETT <hr/> Contributor address; City; State; Zip Code CANYON LAKE, TX 78133	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haase, Gad <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87122	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sceintist		Employer (See Instructions) Sandia Corporation
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Patricia <hr/> Contributor address; City; State; Zip Code Murrells Inlet, SC 29576	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallenbeck, Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Waste Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/177 Rpt: 63/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallenbeck, Robert 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Waste Management
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallenbeck, Robert Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Waste Management
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallenbeck, Robert Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Waste Management
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallenbeck, Robert Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Waste Management
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallenbeck, Robert Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Waste Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/177 Rpt: 64/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Wanda <hr/> 6 Contributor address; City; State; Zip Code Lincoln, NE 68510	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Broker		9 Employer (See Instructions) Securities America Inc
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammersmith, Charles <hr/> Contributor address; City; State; Zip Code Ellwood City, PA 16117	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Elysa <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) sustainability		Employer (See Instructions) ELYSA HAMMOND
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hand, Dorcas <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-6413	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hand, Dorcas <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-6413	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/177 Rpt: 65/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hand, Dorcas 6 Contributor address; City; State; Zip Code Houston, TX 77008-6413	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hand, Dorcas Contributor address; City; State; Zip Code Houston, TX 77008-6413	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hand, Dorcas Contributor address; City; State; Zip Code Houston, TX 77008-6413	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hand, Dorcas Contributor address; City; State; Zip Code Houston, TX 77008-6413	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hand, Dorcas Contributor address; City; State; Zip Code Houston, TX 77008-6413	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/177 Rpt: 66/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handy, Lisa <hr/> 6 Contributor address; City; State; Zip Code Huntersville, NC 28078	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Jones Lang Lasalle
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanlin, Cassian <hr/> Contributor address; City; State; Zip Code Fresno, CA 93722	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Cal State University System
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harberson, Thomas <hr/> Contributor address; City; State; Zip Code OSSINING, NY 10562-1416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self-Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Keith <hr/> Contributor address; City; State; Zip Code Pensacola, FL 32526	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Bilingual Education Institute
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Mike <hr/> Contributor address; City; State; Zip Code Torrance, CA 90503	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/177 Rpt: 67/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Quin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Nick <hr/> Contributor address; City; State; Zip Code Tomales, CA 94971	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Nick <hr/> Contributor address; City; State; Zip Code Tomales, CA 94971	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Nick <hr/> Contributor address; City; State; Zip Code Tomales, CA 94971	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Nick <hr/> Contributor address; City; State; Zip Code Tomales, CA 94971	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/177 Rpt: 68/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Nick <hr/> 6 Contributor address; City; State; Zip Code Tomales, CA 94971	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hassan, Aisha <hr/> Contributor address; City; State; Zip Code Washington, DC 20011	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) School Administration		Employer (See Instructions) Public School
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauft, Eleanor <hr/> Contributor address; City; State; Zip Code Marina Del Rey, CA 90292	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haury, Felicia <hr/> Contributor address; City; State; Zip Code San Diego, CA 92129	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkinaon, Cheryl <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55417-1565	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/177 Rpt: 69/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Bill <hr/> 6 Contributor address; City; State; Zip Code Norfolk, MA 02056	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayford, Charles <hr/> Contributor address; City; State; Zip Code Reynoldsburg, OH 43068	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hazlett, Craig <hr/> Contributor address; City; State; Zip Code Mogadore, OH 44260	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Leon <hr/> Contributor address; City; State; Zip Code Rocky Mount, NC 27804	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Linda <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23456	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Aide		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/177 Rpt: 70/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrickson, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98125	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Certified Nurse Assistant		9 Employer (See Instructions) Visiting Angels Kirkland
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henke, Mary P. Henke <hr/> Contributor address; City; State; Zip Code Grayslake, IL 60030	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired Speech Language Pathologist		Employer (See Instructions) N/A
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hepler, Ron <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hermann, Julie <hr/> Contributor address; City; State; Zip Code Apple valley, MN 55124	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hettel, Joanne <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/177 Rpt: 71/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyerick, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 85739	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, George <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22043	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self-Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilsenbeck, Susan <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Biostatistician		Employer (See Instructions) Baylor College Of Medicine
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilton Pace, Shelley <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76085	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) writer/designer		Employer (See Instructions) self
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hochstetler, James <hr/> Contributor address; City; State; Zip Code New york, NY 10024	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/177 Rpt: 72/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman Lach, Ruth 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) School Psychologist		9 Employer (See Instructions) Specialized Assessment And Consulting
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffmann, Elizabeth Contributor address; City; State; Zip Code Waukesha, WI 53188-2314	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Scott Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holewinski, Mike Contributor address; City; State; Zip Code TIFFIN, OH 44883	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Terra State Community College
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holliday, Millicent Contributor address; City; State; Zip Code Houston, TX 77022	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/177 Rpt: 73/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holliday, Millicent <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77022	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holliday, Millicent <hr/> Contributor address; City; State; Zip Code Houston, TX 77022	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holliday, Millicent <hr/> Contributor address; City; State; Zip Code Houston, TX 77022	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holliday, Millicent <hr/> Contributor address; City; State; Zip Code Houston, TX 77022	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, David <hr/> Contributor address; City; State; Zip Code Boulder, CO 80305	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/177 Rpt: 74/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Homier, John <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) none
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover, Morgan <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkinson, Judy <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Clair <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15224	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Clair <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15224	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/177 Rpt: 75/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Clair 6 Contributor address; City; State; Zip Code bluffton, SC 29910	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Clair Contributor address; City; State; Zip Code bluffton, SC 29910	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Clair Contributor address; City; State; Zip Code Pittsburgh, PA 15224	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Clair Contributor address; City; State; Zip Code Pittsburgh, PA 15224	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Clair Contributor address; City; State; Zip Code Pittsburgh, PA 15224	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/177 Rpt: 76/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Clair <hr/> 6 Contributor address; City; State; Zip Code Pittsburgh, PA 15224	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horowitz, Mitzi <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houck, Marcia <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houck, Marcia <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houck, Marcia <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/177 Rpt: 77/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houck, Marcia <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Heather <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Lifepoint Health
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Heather <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Lifepoint Health
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Heather <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Lifepoint Health
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Heather <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Lifepoint Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/177 Rpt: 78/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Heather <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) Lifepoint Health
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Heather <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Lifepoint Health
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Scott <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Scott <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Scott <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/177 Rpt: 79/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Scott 6 Contributor address; City; State; Zip Code Houston, TX 77019-3704	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Scott Contributor address; City; State; Zip Code Houston, TX 77019-3704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Scott Contributor address; City; State; Zip Code Houston, TX 77019-3704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huck, Louise Contributor address; City; State; Zip Code Houston, TX 77030-3520	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, Elizabeth Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/177 Rpt: 80/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, Elizabeth <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, Elizabeth <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, Elizabeth <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, Elizabeth <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/177 Rpt: 81/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hynes, Kathleen <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94109	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Kerry <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) gallery owner		Employer (See Instructions) Inman Gallery
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iqbal, Murium <hr/> Contributor address; City; State; Zip Code Sandy, UT 84093	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Applied Scientist		Employer (See Instructions) Fetch
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Alan <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Richard <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78233	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/177 Rpt: 82/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamail, Louise 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jameson, Bernard Contributor address; City; State; Zip Code Cheltenham, MD 20623	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jauregui, Susan Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johansson, Elizabeth Contributor address; City; State; Zip Code Two Harbors, MN 55616	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Carrie Contributor address; City; State; Zip Code Longwood, FL 32750	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/177 Rpt: 83/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Mary <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94117	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Patricia <hr/> Contributor address; City; State; Zip Code Concord, NC 28027	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Rev. William <hr/> Contributor address; City; State; Zip Code INDIANAPOLIS, IN 46250	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kagan, Georgette <hr/> Contributor address; City; State; Zip Code Glen Cove, NY 11542	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Karen <hr/> Contributor address; City; State; Zip Code EAst Greenwich, RI 02818	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/177 Rpt: 84/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kannenberg, Wade <hr/> 6 Contributor address; City; State; Zip Code Sherman, TX 75090	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.50</div>
8 Principal occupation / Job title (See Instructions) Electronic Technician		9 Employer (See Instructions) Texas Instruments
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, Lee <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) <div style="text-align: right;">\$1,000.00</div>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Murphy Ball Stratton
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karleen, Peggy <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96815	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Maritime Captain		Employer (See Instructions) Self-Employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kassay, Julia <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-8311	Amount of Contribution (\$) <div style="text-align: right;">\$100.00</div>
Principal occupation / Job title (See Instructions) It Sales		Employer (See Instructions) Hpe
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kassay, Julia <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) <div style="text-align: right;">\$100.00</div>
Principal occupation / Job title (See Instructions) It Sales		Employer (See Instructions) Hpe

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/177 Rpt: 85/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katsus, Paul <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Karen <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Karen <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeney, Carol <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Robert Kent <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/177 Rpt: 86/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellogg, Bs <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85024	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Edna <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Mike <hr/> Contributor address; City; State; Zip Code Bainbridge Island, WA 98110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Tech Dna Llc
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Mike <hr/> Contributor address; City; State; Zip Code Bainbridge Island, WA 98110	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Tech Dna Llc
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerns, David <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/177 Rpt: 87/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Mudassir <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Emergency Physician		9 Employer (See Instructions) Usacs
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kidwell, Roger <hr/> Contributor address; City; State; Zip Code West Springfield, MA 01089	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Aubrey <hr/> Contributor address; City; State; Zip Code Orrtanna, PA 17353	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self-Employed
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsley, Grace <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Houston Methodist Hospital
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsley, Grace <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Houston Methodist Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/177 Rpt: 88/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinney-Lang, Shelby <hr/> 6 Contributor address; City; State; Zip Code Northampton, MA 01060	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Content		9 Employer (See Instructions) Rippling
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Lisa <hr/> Contributor address; City; State; Zip Code San Diego, CA 92101	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kligman, Leonard <hr/> Contributor address; City; State; Zip Code Northridge, CA 91325	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koerwer, Charles <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19130	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager Of Operations		Employer (See Instructions) Urbanpromise Ministries Inc
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koerwer, Charles <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19130	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager Of Operations		Employer (See Instructions) Urbanpromise Ministries Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/177 Rpt: 89/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohn, Aaron <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Amazon
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korashan, Marc <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosiara, Mark <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Environmental Manager		Employer (See Instructions) MK
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovac, Julie <hr/> Contributor address; City; State; Zip Code Conyers, GA 30094	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalchuk, Alicia Ann <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bcm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/177 Rpt: 90/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalchuk, Alicia Ann <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Bcm

Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalchuk, Alicia Ann <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BCM

Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalchuk, Alicia Ann <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BCM

Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalchuk, Alicia Ann <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BCM

Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalchuk, Alicia Ann <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BCM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/177 Rpt: 91/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kozma, Andrew <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Receptionist		9 Employer (See Instructions) The Menil Collection
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krasner, Fred <hr/> Contributor address; City; State; Zip Code Ashland, OR 97520	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyriakides, Athos <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07307	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Athos Kyriakides
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laforce, Donna <hr/> Contributor address; City; State; Zip Code Humble, TX 77338	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagier, Randolph <hr/> Contributor address; City; State; Zip Code Pullman, WA 99163	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/177 Rpt: 92/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamborn, Taylor <hr/> 6 Contributor address; City; State; Zip Code Reading, PA 19607	7 Amount of Contribution (\$) \$6.50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven <hr/> Contributor address; City; State; Zip Code Berkeley Springs, WV 25411	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Med Epi		Employer (See Instructions) Ceoh
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lang, Perry <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93105	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self-Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lann, Maryse <hr/> Contributor address; City; State; Zip Code Miami, FL 33186	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laughlin, Ehren <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Electrical Engineer Iii		Employer (See Instructions) The Employment Solution (Tes)- Contracted To Enbridge

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/177 Rpt: 93/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laughlin, Ehren <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77079	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Electrical Engineer III		9 Employer (See Instructions) The Employment Solution (TES)- Contracted to Enbridge
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77079	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self-Employed
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77079	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self-Employed
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77079	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77079	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/177 Rpt: 94/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77079	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77079	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesniak, Lisa <hr/> Contributor address; City; State; Zip Code Boulder, CO 80302	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self-Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leviton, Ann <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-8702	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Alene <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/177 Rpt: 95/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Alene 6 Contributor address; City; State; Zip Code Houston, TX 77025	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self-Employed
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Alene Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Alene Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Alene Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Alene Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/177 Rpt: 96/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Alene <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) self
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Patricia <hr/> Contributor address; City; State; Zip Code Alpine, CA 91901	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Scott <hr/> Contributor address; City; State; Zip Code Medford, OR 97504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liao, Marie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11234	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Qa Engineer		Employer (See Instructions) Apple
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilley, Keith & Sharon <hr/> Contributor address; City; State; Zip Code Kamas, UT 84036	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/177 Rpt: 97/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Lauren <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Financial Planner		9 Employer (See Instructions) Paragon Private Wealth Management
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linham, Linda <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90024	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Melaney <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Health care executive		Employer (See Instructions) Planned Parenthood
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liotard, Marcia <hr/> Contributor address; City; State; Zip Code Starksboro, VT 05487	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liotard, Marcia <hr/> Contributor address; City; State; Zip Code Starksboro, VT 05487	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/177 Rpt: 98/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liriano, Julio <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10463	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Peloton Interactive Inc.
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lodhi, Sharon <hr/> Contributor address; City; State; Zip Code Lisle, IL 60532	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) College Prep Sch Of Amer
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lodhi, Sharon <hr/> Contributor address; City; State; Zip Code Lisle, IL 60532	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) College Prep Sch of Amer
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lombardo, Kristine <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89183	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Technology		Employer (See Instructions) Ccscd
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Guadalupe <hr/> Contributor address; City; State; Zip Code austin, TX 78759	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/177 Rpt: 99/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Mark <hr/> 6 Contributor address; City; State; Zip Code Fort Lauderdale, FL 33309	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Thomas <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions) State Of Tx
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lueders, Helen <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Library Assistant		Employer (See Instructions) Mfah
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lueders, Helen <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Library Assistant		Employer (See Instructions) MFAH
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lueders, Helen <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Library Assistant		Employer (See Instructions) MFAH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/177 Rpt: 100/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lueders, Helen <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Library Assistant		9 Employer (See Instructions) MFAH
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lueders, Helen <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Library Assistant		Employer (See Instructions) MFAH
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lueders, Helen <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Library Assistant		Employer (See Instructions) MFAH
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luera, Mark <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutz, Winifred <hr/> Contributor address; City; State; Zip Code Huntingdon Valley, PA 19006	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/177 Rpt: 101/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyle, Joan <hr/> 6 Contributor address; City; State; Zip Code Glendale, CA 91203	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M McRae, Marie <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGUIRE, LISA <hr/> Contributor address; City; State; Zip Code Houston, TX 77064	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Networking Manager		Employer (See Instructions) Escalante Engineering
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maher, Timothy <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self-Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Main, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/177 Rpt: 102/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maksym, Tricia <hr/> 6 Contributor address; City; State; Zip Code Indianapolis, IN 46268	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marback, Anna <hr/> Contributor address; City; State; Zip Code Farmington, MI 48336	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Life Coach		Employer (See Instructions) Self-Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maril, Linda <hr/> Contributor address; City; State; Zip Code Bloomfield, CT 06002	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marion, George <hr/> Contributor address; City; State; Zip Code Sebring, FL 33872	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsh, Karen <hr/> Contributor address; City; State; Zip Code St Petersburg, FL 33709	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Quality Assurance		Employer (See Instructions) Belcherpharmaceuticals Llc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/177 Rpt: 103/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinson, Clark <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Urban designer		9 Employer (See Instructions) Uptown
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matelson, Terry <hr/> Contributor address; City; State; Zip Code green valley, AZ 85614	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAllen, Roman <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Hpo		Employer (See Instructions) Coh
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAllen, Roman <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Preservation Officer		Employer (See Instructions) City of Denton
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, Anne and William <hr/> Contributor address; City; State; Zip Code Delmar, NY 12054	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/177 Rpt: 104/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCullough, Mark <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$275.00
8 Principal occupation / Job title (See Instructions) Investments		9 Employer (See Instructions) Apex Hydrocarbon Investments
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGonagle, Sean <hr/> Contributor address; City; State; Zip Code Buffalo Grove, IL 60089	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Lisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77064	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Networking Manager		Employer (See Instructions) Escalante Engineering
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Mary Lou <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19805-3722	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhail, Terry <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-4133	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/177 Rpt: 105/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McSherry, Noelle <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Technical Trainer		9 Employer (See Instructions) Rocrich AGV Solutions
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcardle, Richard <hr/> Contributor address; City; State; Zip Code McLean, VA 22101	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mccarthy, Ann <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcguire, Mary <hr/> Contributor address; City; State; Zip Code Houston, TX 77074	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mckeever, Daniel <hr/> Contributor address; City; State; Zip Code Sparks, NV 89431	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/177 Rpt: 106/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mclellan, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcniel, Kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcphail, Terry <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-4133	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Douglas <hr/> Contributor address; City; State; Zip Code Durham, NC 27707	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Vicki <hr/> Contributor address; City; State; Zip Code Bothell, WA 98012	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/177 Rpt: 107/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millan, Victor <hr/> 6 Contributor address; City; State; Zip Code Astoria, NY 10024	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Facilities Manager		9 Employer (See Instructions) Ballet Hispanico
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Marcia <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Marsha <hr/> Contributor address; City; State; Zip Code Pagosa Springs, CO 81147	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Sondra <hr/> Contributor address; City; State; Zip Code Spokane, WA 99206	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Irene <hr/> Contributor address; City; State; Zip Code Portland, OR 97220	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/177 Rpt: 108/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minesinger, David <hr/> 6 Contributor address; City; State; Zip Code Desoto, TX 75115	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Mark <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87501	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing Consultant		Employer (See Instructions) self
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moats, Michael <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77018	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Digital Communications		Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohite, Yahvi <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/177 Rpt: 109/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monti, M.E. <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10011	7 Amount of Contribution (\$) \$1.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monti, M.E. <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montz, Elizabeth <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Linda <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Christina <hr/> Contributor address; City; State; Zip Code Waterford, MI 48328	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/177 Rpt: 110/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mubson, Beverly <hr/> 6 Contributor address; City; State; Zip Code Honolulu, HI 96815	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Michele P <hr/> Contributor address; City; State; Zip Code Houston, TX 77054	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Havins & Associates PC
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Phyllis <hr/> Contributor address; City; State; Zip Code Anaconda, MT 59711	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murison, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murison, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/177 Rpt: 111/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murison, Patricia <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murison, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) X
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murison, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) x
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murison, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphey, Dennis <hr/> Contributor address; City; State; Zip Code st. louis, MO 63123	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/177 Rpt: 112/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Daniel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Patricia <hr/> Contributor address; City; State; Zip Code Royal Oak, MI 48073-2533	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Patricia A <hr/> Contributor address; City; State; Zip Code Royal Oak, MI 48073	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musial, Timothy <hr/> Contributor address; City; State; Zip Code East Aurora, NY 14052-9783	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Worker		Employer (See Instructions) Gelia
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Maureen <hr/> Contributor address; City; State; Zip Code Ludington, MI 49431	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/177 Rpt: 113/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadeau, Christine <hr/> 6 Contributor address; City; State; Zip Code Hercules, CA 94547	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nalluri, Srikar <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) The University of Texas at Austin
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nardi, John <hr/> Contributor address; City; State; Zip Code MANSFIELD CENTER, CT 06250-1223	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newbery, Sarah <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Kinder Foundation
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newsom, Linda <hr/> Contributor address; City; State; Zip Code Crofton, MD 21114	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/177 Rpt: 114/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christian <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95148	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Emt		9 Employer (See Instructions) Norcal Ambulance
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Judith <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85250	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordstrom, Barbara <hr/> Contributor address; City; State; Zip Code Endicott, NY 13760	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Allison <hr/> Contributor address; City; State; Zip Code Ashland, OR 97520	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) Kpmg Llp
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nusta, Julie <hr/> Contributor address; City; State; Zip Code Burtonsville, MD 20866	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Health Department

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/177 Rpt: 115/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O Johnson, Nancy <hr/> 6 Contributor address; City; State; Zip Code Lancaster, PA 17603	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Lee <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80521	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OCONNELL, WINIFRED <hr/> Contributor address; City; State; Zip Code PORTER CORNERS, NY 12859	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oakley, Jimmie <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogbogu, Cecilia <hr/> Contributor address; City; State; Zip Code Rancho Cucamonga, CA 91739	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cecilia Onunkwo

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/177 Rpt: 116/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okolowicz, Sofia <hr/> 6 Contributor address; City; State; Zip Code temecula, CA 92592	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oleson, Gary <hr/> Contributor address; City; State; Zip Code Potomac Falls, VA 20165	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) TASC
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Kevin <hr/> Contributor address; City; State; Zip Code Lake Park, MN 56554	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Personal Assistant		Employer (See Instructions) Consumer Directions
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oren, Laura <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oropallo, Phyllis <hr/> Contributor address; City; State; Zip Code Northborough, MA 01532	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/177 Rpt: 117/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osterkil, Alan <hr/> 6 Contributor address; City; State; Zip Code Oak Park, IL 60302	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Asociety
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostfeld, Daryl <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PELICAN, SUSAN <hr/> Contributor address; City; State; Zip Code Nevada City, CA 95959	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) retired
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, Christopher <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Craftsman		Employer (See Instructions) Don Birch Construction

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/177 Rpt: 118/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parobek, Christian <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77035	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor College Of Medicine
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Marcia <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77007-8155	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, William <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77044	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, William <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pennello, Stephanie <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003-4406	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/177 Rpt: 119/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Art Assistant		9 Employer (See Instructions) Picrow Streaming - Panic
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Art Assistant		Employer (See Instructions) Picrow Streaming - Panic
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Art Assistant		Employer (See Instructions) Picrow Streaming - PANIC
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Art Assistant		Employer (See Instructions) Picrow Streaming - PANIC
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Art Assistant		Employer (See Instructions) Picrow Streaming - PANIC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/177 Rpt: 120/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Art Assistant		9 Employer (See Instructions) Picrow Streaming - PANIC
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Tracy <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Tricoastal cleaning self employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinkus, Patricia <hr/> Contributor address; City; State; Zip Code Norco, CA 92680	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnelli, Janis <hr/> Contributor address; City; State; Zip Code Austin, TX 78763	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) J Pinnelli Company Llc
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poole, Cathy <hr/> Contributor address; City; State; Zip Code Bogart, GA 30622	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/177 Rpt: 121/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popham, Jay 6 Contributor address; City; State; Zip Code Austin, TX 78744	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) Choice Magazine Listening
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popham, Jay Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Choice Magazine Listening
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popham, Jay Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Choice Magazine Listening
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popham, Jay Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Choice Magazine Listening
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popham, Jay Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Choice Magazine Listening

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/177 Rpt: 122/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popham, Jay <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78744	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) Choice Magazine Listening
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Portnoy, Nancy <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self-Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Power, Amburn <hr/> Contributor address; City; State; Zip Code Athens, GA 30606	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Power, Mallory <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Exxonmobil
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rosalie <hr/> Contributor address; City; State; Zip Code Saratoga Springs, NY 12866	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/177 Rpt: 123/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prater, Sandra <hr/> 6 Contributor address; City; State; Zip Code RENO, NV 89501	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Mark <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USDP
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruitt, Jarred <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Pruitt structures
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pujol, Ophelia <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulford, Schuyler <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Commercial Real Estate		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/177 Rpt: 124/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulido, Maria <hr/> 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76110	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Package handler		9 Employer (See Instructions) FedEx
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Keely <hr/> Contributor address; City; State; Zip Code Cookeville, TN 38501	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REILLY, ANTHONY P <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Theatre Production Manager		Employer (See Instructions) Houston Community College
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REILLY, ANTHONY P <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Theatre Production Mngr		Employer (See Instructions) HCC
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rambow, Marilyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77081	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/177 Rpt: 125/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rambow, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77081	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rambow, Marilyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77081	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ranjithan, Ranji <hr/> Contributor address; City; State; Zip Code Cary, NC 27513	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) NCSU
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rankin, Pamela <hr/> Contributor address; City; State; Zip Code Southbury, CT 06488	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Linda <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20009-1889	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney Advisor		Employer (See Instructions) Federal Communications Commission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/177 Rpt: 126/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Linda C <hr/> 6 Contributor address; City; State; Zip Code WASHINGTON, DC 20009-1889	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney Advisor		9 Employer (See Instructions) Federal Communications Commission
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Linda C <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20009-1889	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney Advisor		Employer (See Instructions) Federal Communications Commission
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Linda C <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20009-1889	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney Advisor		Employer (See Instructions) Federal Communications Commission
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Linda C <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20009-1889	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney Advisor		Employer (See Instructions) Federal Communications Commission
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Linda C <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20009-1889	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney Advisor		Employer (See Instructions) Federal Communications Commission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/177 Rpt: 127/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raye, John <hr/> 6 Contributor address; City; State; Zip Code Chatham, MA 02633	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redsecker, Martha <hr/> Contributor address; City; State; Zip Code North Las Vegas, NV 89032	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Opm
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rehmert, Charlotte A <hr/> Contributor address; City; State; Zip Code Troy, OH 45373	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reiersen, Star <hr/> Contributor address; City; State; Zip Code Monterey, CA 93940	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Anthony <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Three Prod Mngr		Employer (See Instructions) HCC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/177 Rpt: 128/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, David <hr/> 6 Contributor address; City; State; Zip Code Henrico, VA 23238	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reisinger, Derald <hr/> Contributor address; City; State; Zip Code Reno, NV 89501	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reisler, Ray <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rentsch, Joan <hr/> Contributor address; City; State; Zip Code Novato, CA 94949	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, George <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4116	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Fred Rhodes And Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/177 Rpt: 129/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Kym <hr/> 6 Contributor address; City; State; Zip Code Brinklow, MD 20862	7 Amount of Contribution (\$) \$17.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rippe, Bruce <hr/> Contributor address; City; State; Zip Code Loveland, CO 80538	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risdon, Glen <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94112	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritchie, Dave <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Stella <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/177 Rpt: 130/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Andrea <hr/> 6 Contributor address; City; State; Zip Code Madera, CA 93638	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Mike'S Mini Storage
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Enid <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothen, Shari <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Veterans Health Administration
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Ken <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-2776	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Ken <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-2776	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/177 Rpt: 131/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Ken <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77021-2776	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Ken <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-2776	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Isaiah <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Digital Strategist		Employer (See Instructions) Mandate Media
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Isaiah <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Digital Strategist		Employer (See Instructions) Mandate Media
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Isaiah <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Digital Strategist		Employer (See Instructions) Mandate Media

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/177 Rpt: 132/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Isaiah <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Senior Digital Strategist		9 Employer (See Instructions) Mandate Media
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Isaiah <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Digital Strategist		Employer (See Instructions) Mandate Media
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Isaiah <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Digital Strategist		Employer (See Instructions) Mandate Media
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roensch, Richard <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30309	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rok, John <hr/> Contributor address; City; State; Zip Code portsmouth, RI 02871	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) College Teacher		Employer (See Instructions) Salve Regina University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/177 Rpt: 133/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Amy <hr/> 6 Contributor address; City; State; Zip Code Albuquerque, NM 87120	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roosevelt, Dirck <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139-4759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Donna <hr/> Contributor address; City; State; Zip Code Cohoes, NY 12047	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothman, barbara <hr/> Contributor address; City; State; Zip Code boynton beach, FL 33437	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rounds-Atkinson, Valerie <hr/> Contributor address; City; State; Zip Code Endicott, NY 13760	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/177 Rpt: 134/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rovner, Ruth 6 Contributor address; City; State; Zip Code Phila, PA 19106	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rovner, Ruth Contributor address; City; State; Zip Code Phila, PA 19106	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Andrew Contributor address; City; State; Zip Code Cypress, TX 77433-2185	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Andrew Contributor address; City; State; Zip Code Cypress, TX 77433-2185	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Marlene Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/177 Rpt: 135/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Marlene <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudolph, Linda <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Mary <hr/> Contributor address; City; State; Zip Code Riverside, CA 92505	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Ausd
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAMSI, FARRUKH <hr/> Contributor address; City; State; Zip Code Houston, TX 77022	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Clinic
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safier, Ellen <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/177 Rpt: 136/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safier, Ellen 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Social worker		9 Employer (See Instructions) Self
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakellarides, Adam Contributor address; City; State; Zip Code Pasadena, CA 91105	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Motion Graphics Designer		Employer (See Instructions) Self-Employed
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakellarides, Adam Contributor address; City; State; Zip Code Pasadena, CA 91105	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Motion Graphics Designer		Employer (See Instructions) Self-Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saly, Patricia Contributor address; City; State; Zip Code Salem, OR 97302	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samandari, Sudy Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) On Sunset Boulevard Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/177 Rpt: 137/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Paula <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saval, Maureen <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scabarozi, Barbara <hr/> Contributor address; City; State; Zip Code orlando, FL 32832	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schandorff, LaRita <hr/> Contributor address; City; State; Zip Code Nampa, ID 83686	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlegel, Julie <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Pediatrician		Employer (See Instructions) Texas Children's Pediatrics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/177 Rpt: 138/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlemmer, Kristen <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-7636	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Bayou City Waterkeeper
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlemmer, Kristen <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-7636	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Bayou City Waterkeeper
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlemmer, Kristen <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-7636	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Bayou City Waterkeeper
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlemmer, Kristen <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-7636	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Bayou City Waterkeeper
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schluebier, Alan <hr/> Contributor address; City; State; Zip Code Burlington, NC 27215	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/177 Rpt: 139/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Robyn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nanny		9 Employer (See Instructions) Self-Employed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Robyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nanny		Employer (See Instructions) Self
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schnorr, Luise <hr/> Contributor address; City; State; Zip Code Chicago, IL 60660	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schopf, Britney <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55417	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Renewable Energy		Employer (See Instructions) Iown
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuette, Anne <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/177 Rpt: 140/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Mary Emily <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schweitzer, Michelle <hr/> Contributor address; City; State; Zip Code Seattle, WA 98108-1538	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schweitzer, Michelle <hr/> Contributor address; City; State; Zip Code Seattle, WA 98108-1538	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schweitzer, Michelle <hr/> Contributor address; City; State; Zip Code Seattle, WA 98108-1538	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sclan, Rachelle <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/177 Rpt: 141/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafsky, Alice <hr/> 6 Contributor address; City; State; Zip Code The Villages, FL 32163	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shakespeare, Jan <hr/> Contributor address; City; State; Zip Code High Springs, FL 32643	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Bonnie <hr/> Contributor address; City; State; Zip Code Fort Lee, NJ 07024	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self-Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehan, Diane <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63122	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shen, Bernard <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/177 Rpt: 142/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, Catherine <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shisler, Michael <hr/> Contributor address; City; State; Zip Code Port Republic, MD 20676	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shisler, Michael <hr/> Contributor address; City; State; Zip Code Port Republic, MD 20676	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shisler, Michael <hr/> Contributor address; City; State; Zip Code Port Republic, MD 20676	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 140/177 Rpt: 143/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Florence <hr/> 6 Contributor address; City; State; Zip Code Woodstock, VT 05091	7 Amount of Contribution (\$) \$225.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shuster, Ken <hr/> Contributor address; City; State; Zip Code Kalamazoo, MI 49008	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Mr.
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siedentop, Melissa <hr/> Contributor address; City; State; Zip Code Shelton, WA 98584	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siemers-Kennedy, Laura <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Mott Macdonald
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverberg, Ava <hr/> Contributor address; City; State; Zip Code Tarzana, CA 91357	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 141/177 Rpt: 144/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverberg, Ava <hr/> 6 Contributor address; City; State; Zip Code Tarzana, CA 91357	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverberg, Ava <hr/> Contributor address; City; State; Zip Code Tarzana, CA 91357	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverberg, Ava <hr/> Contributor address; City; State; Zip Code Tarzana, CA 91357	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverberg, Ava <hr/> Contributor address; City; State; Zip Code Tarzana, CA 91357	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simo, Colleen <hr/> Contributor address; City; State; Zip Code South Egremont, MA 01258	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Hr Director		Employer (See Instructions) Firemen'S Assoc Of The State Of New York

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 142/177 Rpt: 145/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Christine <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77382	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Ge Healthcare
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slater, Lois <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sleeper, Harry <hr/> Contributor address; City; State; Zip Code Alton Bay, NH 03810	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sloan, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Appleseed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Bo & Josie <hr/> Contributor address; City; State; Zip Code Houston, TX 77277	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/177 Rpt: 146/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> 6 Contributor address; City; State; Zip Code Wenatchee, WA 98801	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Gci
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sebastian <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software engineer		Employer (See Instructions) Alcority
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, julie <hr/> Contributor address; City; State; Zip Code Decatur, GA 30033	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) date engineering lead		Employer (See Instructions) fedex dataworks
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smothers, Patricia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snouffer, Michael <hr/> Contributor address; City; State; Zip Code Long Grove, IL 60047	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 144/177 Rpt: 147/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SoRelle, Paul <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77035	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SoRelle, Paul <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SoRelle, Paul <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SoRelle, Paul <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Somerstein, Stephen <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/177 Rpt: 148/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorelle, Paul <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77035	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorelle, Paul <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorkin, Miriam <hr/> Contributor address; City; State; Zip Code Clayton, MO 63105	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorola-Pohlman, Lenora <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Ceo		Employer (See Instructions) Sorola Consulting Services Inc.
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorola-Pohlman, Lenora <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Ceo		Employer (See Instructions) Sorola Consulting Services Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 146/177 Rpt: 149/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Livonia, MI 48154	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Dearborn Heights Schools
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles <hr/> Contributor address; City; State; Zip Code Wakefield, MA 01880	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer retired		Employer (See Instructions) retired
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St Clair, Amy <hr/> Contributor address; City; State; Zip Code Hico, TX 76457	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Frank <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starbard, Dana <hr/> Contributor address; City; State; Zip Code Gardner, MA 01440	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Shift Supervisor		Employer (See Instructions) High Hawk Farm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/177 Rpt: 150/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steen, Lias Jeff <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) self
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbach, Douglas <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Graduate Student Research Assistant		Employer (See Instructions) Rice University
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbach, Douglas <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Graduate Student Research Assistant		Employer (See Instructions) Rice University
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbach, Douglas <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Graduate Student Research Assistant		Employer (See Instructions) Rice University
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbach, Douglas <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Graduate Student Research Assistant		Employer (See Instructions) Rice University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/177 Rpt: 151/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbach, Douglas <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Graduate Student Research Assistant		9 Employer (See Instructions) Rice University
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbach, Douglas <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Graduate Student Research Assistant		Employer (See Instructions) Rice University
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinberg, Eric <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34235	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinhoff, Judith <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivison, Ralph <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 149/177 Rpt: 152/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stojan Ruccolo, Erin <hr/> 6 Contributor address; City; State; Zip Code St. Paul, MN 55104	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Advisor		9 Employer (See Instructions) Miso
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stout, Stephanie <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stout, Stephanie <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stout, Stephanie <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summer, Joan <hr/> Contributor address; City; State; Zip Code Converse, TX 78109	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 150/177 Rpt: 153/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sun, Winny <hr/> 6 Contributor address; City; State; Zip Code Catonsville, MD 21228	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Research Scientist		9 Employer (See Instructions) UMBC
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suval, Barbara <hr/> Contributor address; City; State; Zip Code Fredericksburg, VA 22401	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzman, Stephen <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Landscape Design		Employer (See Instructions) Self-Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Svaldi, John <hr/> Contributor address; City; State; Zip Code Butte, MT 59701	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swick, Lesley <hr/> Contributor address; City; State; Zip Code Pomona, CA 91767-4010	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Green Building Consultant		Employer (See Instructions) Ecotype Consulting

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/177 Rpt: 154/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swint, Mary Kay <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096-1220	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swint, Mary Kay <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-1220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szczepanski, Adam <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szczepanski, Adam <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Racca Solutions
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T Welmaker, Wesley <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Segal McCambridge

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/177 Rpt: 155/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, HILAIRE <hr/> 6 Contributor address; City; State; Zip Code Chittenden County, VT 05452	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOLENTINO, JANE <hr/> Contributor address; City; State; Zip Code CAMPBELL, CA 95008	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TSAPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam, Nancy <hr/> Contributor address; City; State; Zip Code La Canada Flintridge, CA 91011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarr, Nancy <hr/> Contributor address; City; State; Zip Code North Wilkesboro, NC 28659	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 153/177 Rpt: 156/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Nancy 6 Contributor address; City; State; Zip Code San Diego, CA 92120	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terlinden, Ekaterine Contributor address; City; State; Zip Code Long Beach, CA 90814	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas AFL-CIO State Cope Fund Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Association PAC Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Manufactured Housing Assoc., Inc Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 154/177 Rpt: 157/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Nurse PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association <hr/> Contributor address; City; State; Zip Code Austin, TX 77266	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thede, Linda <hr/> Contributor address; City; State; Zip Code Matthews, NC 28105	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Chloe <hr/> Contributor address; City; State; Zip Code Seattle, WA 98121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Cisco Systems Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 155/177 Rpt: 158/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Donald <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77045	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Donald <hr/> Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Donald <hr/> Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thoreson, Kathy <hr/> Contributor address; City; State; Zip Code Nashville, TN 37215	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Throckmorton, Dennis <hr/> Contributor address; City; State; Zip Code Richmond, VA 23223	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) design engineer		Employer (See Instructions) Virginia steel specialties

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 156/177 Rpt: 159/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollefson, Linda <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomkins, James <hr/> Contributor address; City; State; Zip Code mountain view, CA 94043	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ebay
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Diane <hr/> Contributor address; City; State; Zip Code Burlingame, CA 94010	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Tomas <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traver, Ruth <hr/> Contributor address; City; State; Zip Code St. Paul, MN 55119	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 157/177 Rpt: 160/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Eliot <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tudor, Phoebe <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turk, Jaqueline <hr/> Contributor address; City; State; Zip Code Weston, WI 54476	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jacob <hr/> Contributor address; City; State; Zip Code Naples, FL 34109	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turyn, Richard <hr/> Contributor address; City; State; Zip Code New York, NY 10010	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 158/177 Rpt: 161/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underwood, Norma <hr/> 6 Contributor address; City; State; Zip Code Annapolis, MD 21401	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Stephwny <hr/> Contributor address; City; State; Zip Code Baytown, TX 77535	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Interpreter		Employer (See Instructions) Self employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valls, Emma <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Slyke, Glen <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Gilbert <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90032	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 159/177 Rpt: 162/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villar, Suzanne <hr/> 6 Contributor address; City; State; Zip Code Charlotte, NC 28214	7 Amount of Contribution (\$) \$1.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villasenor, John <hr/> Contributor address; City; State; Zip Code San Jose, CA 95136	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voeller, Estelle <hr/> Contributor address; City; State; Zip Code Medford, OR 97501	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBER, ROBERT <hr/> Contributor address; City; State; Zip Code Marfa, TX 79843	Amount of Contribution (\$) \$48.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBER, ROBERT <hr/> Contributor address; City; State; Zip Code Marfa, TX 79843	Amount of Contribution (\$) \$48.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 160/177 Rpt: 163/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBER, ROBERT <hr/> 6 Contributor address; City; State; Zip Code Marfa, TX 79843	7 Amount of Contribution (\$) \$48.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBER, ROBERT <hr/> Contributor address; City; State; Zip Code Marfa, TX 79843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBER, ROBERT <hr/> Contributor address; City; State; Zip Code Marfa, TX 79843	Amount of Contribution (\$) \$48.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBER, ROBERT <hr/> Contributor address; City; State; Zip Code Marfa, TX 79843	Amount of Contribution (\$) \$48.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wald, David <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 161/177 Rpt: 164/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Christopher 6 Contributor address; City; State; Zip Code Port Matilda, PA 16870	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, David Contributor address; City; State; Zip Code Grandville, MI 49418	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) Marketlab Inc.
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Gwen Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Jennafer Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Oxy
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Thompson Contributor address; City; State; Zip Code Seekonk, MA 02771	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 162/177 Rpt: 165/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Robert <hr/> 6 Contributor address; City; State; Zip Code Marfa, TX 79843	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Caregiver Coach		9 Employer (See Instructions) Self-Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webster, Deborah <hr/> Contributor address; City; State; Zip Code Edwards, CO 81632	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weichert, Blake <hr/> Contributor address; City; State; Zip Code West Linn, OR 97068	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) PACS
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Ryan <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Utegration
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Laverne <hr/> Contributor address; City; State; Zip Code Rowley, MA 01969	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/177 Rpt: 166/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Richard <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77098	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Richard <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77098	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Richard <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77098	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Richard <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77098	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Richard <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77098	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/177 Rpt: 167/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Richard 6 Contributor address; City; State; Zip Code HOUSTON, TX 77098	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, William Contributor address; City; State; Zip Code Denton, TX 76209-2255	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Janice Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitley, JoEllen Contributor address; City; State; Zip Code Arvada, CO 80005	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittemore, Elizabeth Contributor address; City; State; Zip Code Houston, TX 77081	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 165/177 Rpt: 168/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittemore, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77081	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Widowski, Chris <hr/> Contributor address; City; State; Zip Code Brewster, NY 10509	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions) Aon
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> Contributor address; City; State; Zip Code GARLAND, TX 75043	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Brad <hr/> Contributor address; City; State; Zip Code NEW YORK, NY 10128	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Actuary		Employer (See Instructions) General Reinsurance Corp
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Brad <hr/> Contributor address; City; State; Zip Code NEW YORK, NY 10128	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Actuary		Employer (See Instructions) General Reinsurance Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/177 Rpt: 169/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Brad <hr/> 6 Contributor address; City; State; Zip Code NEW YORK, NY 10128	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Actuary		9 Employer (See Instructions) General Reinsurance Corp
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Brad <hr/> Contributor address; City; State; Zip Code NEW YORK, NY 10128	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Actuary		Employer (See Instructions) General Reinsurance Corp
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rick <hr/> Contributor address; City; State; Zip Code Capitola, CA 95010	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Elida <hr/> Contributor address; City; State; Zip Code Olympia, WA 98512	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Elida <hr/> Contributor address; City; State; Zip Code Olympia, WA 98512-2037	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/177 Rpt: 170/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Therese <hr/> 6 Contributor address; City; State; Zip Code Aurora, NY 13026	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, Craig <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woessner Gauci, Kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nanny		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woessner Gauci, Kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nanny		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woessner Gauci, Kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nanny		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/177 Rpt: 171/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woessner Gauci, Kathryn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Nanny		9 Employer (See Instructions) None
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woessner Gauci, Kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nanny		Employer (See Instructions) None
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woessner Gauci, Kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nanny		Employer (See Instructions) None
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolff, Lynn <hr/> Contributor address; City; State; Zip Code Longmont, CO 80501-5425	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Training Manager		Employer (See Instructions) Homewatch Caregivers
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolverton, Bill <hr/> Contributor address; City; State; Zip Code Escalante, UT 84726	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 169/177 Rpt: 172/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woos, Lorraine <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60626	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurst, Erika <hr/> Contributor address; City; State; Zip Code St Louis, MO 63139	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Missouri State Public Defender'S Office
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurst, Erika <hr/> Contributor address; City; State; Zip Code St Louis, MO 63139	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Missouri State Public Defender'S Office
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurst, Erika <hr/> Contributor address; City; State; Zip Code St Louis, MO 63139	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Missouri State Public Defender's Office
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurst, Erika <hr/> Contributor address; City; State; Zip Code St Louis, MO 63139	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Missouri State Public Defender's Office

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 170/177 Rpt: 173/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurst, Erika 6 Contributor address; City; State; Zip Code St Louis, MO 63139	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Missouri State Public Defender's Office
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurst, Erika Contributor address; City; State; Zip Code St Louis, MO 63139	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Missouri State Public Defender's Office
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynn, Warren Contributor address; City; State; Zip Code Waldorf, MD 20602	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xia, Bibi Contributor address; City; State; Zip Code Houston, TX 77031	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yamanaka, Yosh Contributor address; City; State; Zip Code Naperville, IL 60540	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 171/177 Rpt: 174/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yamanaka, Yosh 6 Contributor address; City; State; Zip Code Naperville, IL 60540	7 Amount of Contribution (\$) \$3.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yamanaka, Yosh Contributor address; City; State; Zip Code Naperville, IL 60540	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yamanaka, Yosh Contributor address; City; State; Zip Code Naperville, IL 60540	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yamanaka, Yosh Contributor address; City; State; Zip Code Naperville, IL 60540	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yamanaka, Yosh Contributor address; City; State; Zip Code Naperville, IL 60540	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 172/177 Rpt: 175/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yenkin, Miriam <hr/> 6 Contributor address; City; State; Zip Code Columbus, OH 43209	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Chalice <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Cap Gemini
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) achey, michael <hr/> Contributor address; City; State; Zip Code easton, MA 02356	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Md		Employer (See Instructions) Compass Medical
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) barcnas, camilo <hr/> Contributor address; City; State; Zip Code houston, TX 77027	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Md		Employer (See Instructions) Self-Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) beamlawson, martha <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 173/177 Rpt: 176/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) chennisi, susan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) coonridge, nancy <hr/> Contributor address; City; State; Zip Code Pie Town, NM 87827	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deBeer, Liz <hr/> Contributor address; City; State; Zip Code Fair Haven, NJ 07704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deSouza, Darrell <hr/> Contributor address; City; State; Zip Code Suisun, CA 94585-3215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Recreational Aid		Employer (See Instructions) Department of Airforce - NAF Financial Management
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) douglass, samuel <hr/> Contributor address; City; State; Zip Code Jenkintown, PA 19046	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Service Technician		Employer (See Instructions) Sun Automation Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 174/177 Rpt: 177/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) dull, corey <hr/> 6 Contributor address; City; State; Zip Code annapolis, MD 21409	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Computer Technician		9 Employer (See Instructions) Micro Performance
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) duncan, mara <hr/> Contributor address; City; State; Zip Code Albany, CA 94706	Amount of Contribution (\$) \$3.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ellison, rochelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78753	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) goetz, gregory <hr/> Contributor address; City; State; Zip Code VICTORIA, TX 77904	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hargreaves, william <hr/> Contributor address; City; State; Zip Code Milton, GA 30004	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) kinesis corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 175/177 Rpt: 178/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) jorgensen, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Westland, MI 48185	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kapoor, poonam <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-3015	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Rose international
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) korpi, tanya <hr/> Contributor address; City; State; Zip Code Denver, CO 80204-3654	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) moore, patricia <hr/> Contributor address; City; State; Zip Code talent, OR 97540	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) shipley, George <hr/> Contributor address; City; State; Zip Code austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Shipley & Associates<Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 176/177 Rpt: 179/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) shubert, stephen <hr/> 6 Contributor address; City; State; Zip Code friday harbor, WA 98250	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sweet, candace <hr/> Contributor address; City; State; Zip Code Jonestown, TX 78645	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) torres, Diane <hr/> Contributor address; City; State; Zip Code Burlingame, CA 94010	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) torres, Diane <hr/> Contributor address; City; State; Zip Code Burlingame, CA 94010	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) torres, Diane <hr/> Contributor address; City; State; Zip Code Burlingame, CA 94010	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 177/177 Rpt: 180/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) torres, Diane <hr/> 6 Contributor address; City; State; Zip Code Burlingame, CA 94010	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) torres, Diane <hr/> Contributor address; City; State; Zip Code Burlingame, CA 94010	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) vanVoorhis, Jill <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Stratecom Advisors LLC
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wallace, gerald <hr/> Contributor address; City; State; Zip Code Reno, NV 89523	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Akemi

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 181/248	
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/10/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MoakCasey, LLC	8 Amount of contribution (\$) \$230.30	9 In-kind contribution description Event Space Rental, Food and Beverages
	7 Contributor address; City; State; Zip Code Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/31/2025	5 Payee name Act Blue Technical Services	
6 Amount (\$) \$31.64	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/28/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.67	Payee name Act Blue Technical Services Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/21/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$19.58	Payee name Act Blue Technical Services Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/14/2025	5 Payee name Act Blue Technical Services	
6 Amount (\$) \$22.63	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2025	Payee name Act Blue Technical Services	
Amount (\$) \$9.71	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2025	Payee name Act Blue Technical Services	
Amount (\$) \$35.31	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/23/2025	5 Payee name Act Blue Technical Services	
6 Amount (\$) \$9.91	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Services		
Amount (\$) \$17.30	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Services		
Amount (\$) \$7.16	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/02/2025	5 Payee name Act Blue Technical Services	
6 Amount (\$) \$59.59	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Services		
Amount (\$) \$75.23	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Services		
Amount (\$) \$74.22	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/12/2025	5 Payee name Act Blue Technical Services	
6 Amount (\$) \$9.63	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2025	Payee name Act Blue Technical Services	
Amount (\$) \$1.99	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Act Blue Technical Services	
Amount (\$) \$78.05	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/28/2025	5 Payee name Act Blue Technical Services	
6 Amount (\$) \$57.75	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2025	Payee name Act Blue Technical Services	
Amount (\$) \$5.83	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2025	Payee name Act Blue Technical Services	
Amount (\$) \$22.39	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/07/2025	5 Payee name Act Blue Technical Services	
6 Amount (\$) \$12.26	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2025	Payee name Act Blue Technical Services	
Amount (\$) \$38.30	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2025	Payee name Act Blue Technical Services	
Amount (\$) \$248.11	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/17/2025	5 Payee name Act Blue Technical Services	
6 Amount (\$) \$153.61	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Services		
Amount (\$) \$87.59	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Services		
Amount (\$) \$33.24	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/27/2025	5 Payee name Act Blue Technical Services	
6 Amount (\$) \$32.81	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Services		
Amount (\$) \$87.30	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Services		
Amount (\$) \$70.50	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/06/2025	5 Payee name Act Blue Technical Services	
6 Amount (\$) \$13.86	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2025	Payee name Alcala, Daphne	
Amount (\$) \$330.00	Payee address; City; State; Zip Code PO Box 667238 Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filming/Editing Content
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name Amazon	
Amount (\$) \$52.19	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/04/2025	5 Payee name Amazon	
6 Amount (\$) \$29.19	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon		
Amount (\$) \$36.75	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name AppFolio Inc.		
Amount (\$) \$2.49	Payee address; City; State; Zip Code 70 Castilian Dr. Goleta, CA 93117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/04/2025	5 Payee name AppFolio Inc.	
6 Amount (\$) \$2.49	7 Payee address; City; State; Zip Code 70 Castilian Dr. Goleta, CA 93117	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2025	Payee name AppFolio Inc.	
Amount (\$) \$2.49	Payee address; City; State; Zip Code 70 Castilian Dr. Goleta, CA 93117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2025	Payee name AppFolio Inc.	
Amount (\$) \$2.49	Payee address; City; State; Zip Code 70 Castilian Dr. Goleta, CA 93117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/04/2025	5 Payee name AppFolio Inc.	
6 Amount (\$) \$2.49	7 Payee address; City; State; Zip Code 70 Castilian Dr. Goleta, CA 93117	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name AppFolio Inc.	
Amount (\$) \$2.49	Payee address; City; State; Zip Code 70 Castilian Dr. Goleta, CA 93117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2025	Payee name Asana	
Amount (\$) \$2,108.76	Payee address; City; State; Zip Code 633 Folsom Street Suite 100 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/19/2025	5 Payee name Bak, Jae	
6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code PO Box 667238 Houston, TX 77266	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filming/Editing Content
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Bcom Solutions	
Amount (\$) \$2,460.01	Payee address; City; State; Zip Code 747 O Street #150 Lincoln, NE 68508	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Bcom Solutions	
Amount (\$) \$2,334.82	Payee address; City; State; Zip Code 747 O Street #150 Lincoln, NE 68508	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/04/2025	5 Payee name Bcom Solutions	
6 Amount (\$) \$2,338.11	7 Payee address; City; State; Zip Code 747 O Street #150 Lincoln, NE 68508	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2025	Payee name Bcom Solutions	
Amount (\$) \$2,310.00	Payee address; City; State; Zip Code 747 O Street #150 Lincoln, NE 68508	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2025	Payee name Bcom Solutions	
Amount (\$) \$2,200.00	Payee address; City; State; Zip Code 747 O Street #150 Lincoln, NE 68508	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/21/2025	5 Payee name Bcom Solutions	
6 Amount (\$) \$2,200.00	7 Payee address; City; State; Zip Code 747 O Street #150 Lincoln, NE 68508	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2025	Payee name Best Buy	
Amount (\$) \$216.49	Payee address; City; State; Zip Code 4970 US-90 Austin, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Microphones for Austin office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name Big Tex Storage	
Amount (\$) \$113.00	Payee address; City; State; Zip Code 3480 Ella Blvd Houston, TX 77018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage Unit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/03/2025	5 Payee name Big Tex Storage	
6 Amount (\$) \$113.00	7 Payee address; City; State; Zip Code 3480 Ella Blvd Houston, TX 77018	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage Unit
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2025	Payee name Big Tex Storage	
Amount (\$) \$113.00	Payee address; City; State; Zip Code 3480 Ella Blvd Houston, TX 77018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage Unit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2025	Payee name Big Tex Storage	
Amount (\$) \$113.00	Payee address; City; State; Zip Code 3480 Ella Blvd Houston, TX 77018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage Unit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/04/2025	5 Payee name Big Tex Storage	
6 Amount (\$) \$113.00	7 Payee address; City; State; Zip Code 3480 Ella Blvd Houston, TX 77018	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage Unit
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name Big Tex Storage	
Amount (\$) \$113.00	Payee address; City; State; Zip Code 3480 Ella Blvd Houston, TX 77018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage Unit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2025	Payee name Bitly.com	
Amount (\$) \$127.92	Payee address; City; State; Zip Code 601 W. 26th St. Suite 357 New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/31/2025	5 Payee name Campaign Verify	
6 Amount (\$) \$95.00	7 Payee address; City; State; Zip Code PO Box 3554 Washington, DC 20007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Verification
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Canva	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez St. Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name Choate, Evan	
Amount (\$) \$115.44	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/15/2025	5 Payee name Choate, Evan	
6 Amount (\$) \$115.44	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Choate, Evan	
Amount (\$) \$115.43	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name Choate, Evan	
Amount (\$) \$115.44	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/30/2025	5 Payee name Choate, Evan	
6 Amount (\$) \$115.44	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2025	Payee name Choate, Evan	
Amount (\$) \$115.44	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name Choate, Evan	
Amount (\$) \$115.43	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/12/2025	5 Payee name Choate, Evan	
6 Amount (\$) \$115.44	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2025	Payee name Choate, Evan	
Amount (\$) \$115.44	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2025	Payee name Choate, Evan	
Amount (\$) \$115.44	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/30/2025	5 Payee name Choate, Evan	
6 Amount (\$) \$115.43	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Choate, Evan	
Amount (\$) \$115.44	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Choate, Evan	
Amount (\$) \$115.44	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/16/2025	5 Payee name Choate, Evan	
6 Amount (\$) \$115.44	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Choate, Evan	
Amount (\$) \$115.43	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name Community Labor Administrative Services	
Amount (\$) \$55.00	Payee address; City; State; Zip Code 77 Sands St. 6th Flr Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobilize Access
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/06/2025	5 Payee name Community Labor Administrative Services	
6 Amount (\$) \$55.00	7 Payee address; City; State; Zip Code 77 Sands St. 6th Flr Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobilize Access
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name Community Labor Administrative Services		
Amount (\$) \$55.00	Payee address; City; State; Zip Code 77 Sands St. 6th Flr Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobilize Access
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Community Labor Administrative Services		
Amount (\$) \$55.00	Payee address; City; State; Zip Code 77 Sands St. 6th Flr Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobilize Access
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/21/2025	5 Payee name Community Labor Administrative Services	
6 Amount (\$) \$55.00	7 Payee address; City; State; Zip Code 77 Sands St. 6th Flr Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobilize Access
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name Community Labor Administrative Services		
Amount (\$) \$55.00	Payee address; City; State; Zip Code 77 Sands St. 6th Flr Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobilize Access
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name Community Labor Administrative Services		
Amount (\$) \$55.00	Payee address; City; State; Zip Code 77 Sands St. 6th Flr Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobilize Access
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name Community Labor Administrative Services		
Amount (\$) \$55.00	Payee address; City; State; Zip Code 77 Sands St. 6th Flr Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobilize Access
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/18/2025	5 Payee name Constant Contact	
6 Amount (\$) \$26.57	7 Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2025	Payee name Easy Tiger	
Amount (\$) \$119.50	Payee address; City; State; Zip Code 3508 S Lamar Blvd Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Team Retreat
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name Gusto	
Amount (\$) \$116.23	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/15/2025	5 Payee name Gusto	
6 Amount (\$) \$116.27	7 Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Gusto	
Amount (\$) \$116.25	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name Gusto	
Amount (\$) \$116.27	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/30/2025	5 Payee name Gusto	
6 Amount (\$) \$116.23	7 Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2025	Payee name Gusto	
Amount (\$) \$116.27	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name Gusto	
Amount (\$) \$116.25	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/12/2025	5 Payee name Gusto	
6 Amount (\$) \$116.27	7 Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2025	Payee name Gusto	
Amount (\$) \$116.23	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2025	Payee name Gusto	
Amount (\$) \$116.27	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/30/2025	5 Payee name Gusto	
6 Amount (\$) \$116.25	7 Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Gusto	
Amount (\$) \$116.27	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Gusto	
Amount (\$) \$116.27	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/16/2025	5 Payee name Gusto	
6 Amount (\$) \$116.25	7 Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Gusto	
Amount (\$) \$116.23	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Gusto	
Amount (\$) \$123.66	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/04/2025	5 Payee name Gusto	
6 Amount (\$) \$123.66	7 Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Gusto		
Amount (\$) \$123.66	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Gusto		
Amount (\$) \$123.66	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Gusto		
Amount (\$) \$123.66	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/05/2025	5 Payee name Gusto	
6 Amount (\$) \$123.66	7 Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2025	Payee name Gusto	
Amount (\$) \$123.66	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name HEB	
Amount (\$) \$23.83	Payee address; City; State; Zip Code 5808 Burnet Rd Austin, TX 78756	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kitchen Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/20/2025	5 Payee name HEB	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 3663 Washington Ave Suite 100 Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/07/2025	Payee name Harris County Democratic Party	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense JJR Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Hill Country Springs	
Amount (\$) \$21.99	Payee address; City; State; Zip Code 10019 S 1-35 Frontage Rd Austin, TX 78747	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/04/2025	5 Payee name Hill Country Springs	
6 Amount (\$) \$32.98	7 Payee address; City; State; Zip Code 10019 S 1-35 Frontage Rd Austin, TX 78747	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2025	Payee name Hill Country Springs	
Amount (\$) \$27.99	Payee address; City; State; Zip Code 10019 S 1-35 Frontage Rd Austin, TX 78747	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2025	Payee name Hill Country Springs	
Amount (\$) \$47.98	Payee address; City; State; Zip Code 10019 S 1-35 Frontage Rd Austin, TX 78747	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/04/2025	5 Payee name Hill Country Springs	
6 Amount (\$) \$9.99	7 Payee address; City; State; Zip Code 10019 S 1-35 Frontage Rd Austin, TX 78747	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name Hill Country Springs	
Amount (\$) \$42.99	Payee address; City; State; Zip Code 10019 S 1-35 Frontage Rd Austin, TX 78747	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2025	Payee name Houston Federation of Teachers COPE	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2704 Sutherland St. Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Back to School Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/13/2025	5 Payee name Juiceland	
6 Amount (\$) \$77.07	7 Payee address; City; State; Zip Code 4526 West Gate Blvd A Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Team Retreat
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Katz Compliance	
Amount (\$) \$802.00	Payee address; City; State; Zip Code PO Box 33079 Washington, DC 20033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2025	Payee name Katz Compliance	
Amount (\$) \$1,104.00	Payee address; City; State; Zip Code PO Box 33079 Washington, DC 20033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/08/2025	5 Payee name Katz Compliance	
6 Amount (\$) \$1,630.00	7 Payee address; City; State; Zip Code PO Box 33079 Washington, DC 20033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2025	Payee name Katz Compliance	
Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 33079 Washington, DC 20033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name Lewellen, Austin	
Amount (\$) \$230.88	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/15/2025	5 Payee name Lewellen, Austin	
6 Amount (\$) \$230.87	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Lewellen, Austin	
Amount (\$) \$230.88	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name Lewellen, Austin	
Amount (\$) \$230.87	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/30/2025	5 Payee name Lewellen, Austin	
6 Amount (\$) \$230.88	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2025	Payee name Lewellen, Austin	
Amount (\$) \$230.87	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name Lewellen, Austin	
Amount (\$) \$230.88	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 42/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/12/2025	5 Payee name Lewellen, Austin	
6 Amount (\$) \$230.87	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/28/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$230.88	Payee name Lewellen, Austin Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$230.87	Payee name Lewellen, Austin Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/30/2025	5 Payee name Lewellen, Austin	
6 Amount (\$) \$230.88	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Lewellen, Austin	
Amount (\$) \$230.87	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Lewellen, Austin	
Amount (\$) \$230.88	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 44/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/16/2025	5 Payee name Lewellen, Austin	
6 Amount (\$) \$230.87	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Lewellen, Austin	
Amount (\$) \$230.88	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name NGP VAN	
Amount (\$) \$799.50	Payee address; City; State; Zip Code 1420 New York Ave NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 45/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/03/2025	5 Payee name NGP VAN	
6 Amount (\$) \$799.50	7 Payee address; City; State; Zip Code 1420 New York Ave NW Suite 650 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name NGP VAN		
Amount (\$) \$799.50	Payee address; City; State; Zip Code 1420 New York Ave NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name NGP VAN		
Amount (\$) \$799.50	Payee address; City; State; Zip Code 1420 New York Ave NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 46/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/04/2025	5 Payee name NGP VAN	
6 Amount (\$) \$799.50	7 Payee address; City; State; Zip Code 1420 New York Ave NW Suite 650 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2025	Payee name NGP VAN	
Amount (\$) \$799.50	Payee address; City; State; Zip Code 1420 New York Ave NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2025	Payee name Radio Coffee	
Amount (\$) \$99.34	Payee address; City; State; Zip Code 4204 Menchaca Rd Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Team Retreat
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 47/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/14/2025	5 Payee name Radio Coffee	
6 Amount (\$) \$19.72	7 Payee address; City; State; Zip Code 4204 Menchaca Rd Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Team Retreat
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2025	Payee name Radio Coffee	
Amount (\$) \$18.24	Payee address; City; State; Zip Code 4204 Menchaca Rd Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Team Retreat
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2025	Payee name Radio Coffee	
Amount (\$) \$15.39	Payee address; City; State; Zip Code 4204 Menchaca Rd Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Team Retreat
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 48/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/03/2025	5 Payee name Rainier Management	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4505 Duval St. Austin, TX 78751	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name Rainier Management	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4505 Duval St. Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2025	Payee name Rainier Management	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4505 Duval St. Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 49/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/03/2025	5 Payee name Rainier Management	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4505 Duval St. Austin, TX 78751	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2025	Payee name Rainier Management	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4505 Duval St. Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name Rainier Management	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4505 Duval St. Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 50/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/23/2025	5 Payee name River Oaks Area Democratic Women	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 13527 N Tracewood Blvd Houston, TX 77077	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name Smither, Alexandra	
Amount (\$) \$230.88	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Smither, Alexandra	
Amount (\$) \$230.87	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 51/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/26/2025	5 Payee name Smither, Alexandra	
6 Amount (\$) \$230.88	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/13/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$230.87	Payee name Smither, Alexandra Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/30/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$230.88	Payee name Smither, Alexandra Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 52/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/14/2025	5 Payee name Smither, Alexandra	
6 Amount (\$) \$230.87	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name Smither, Alexandra	
Amount (\$) \$230.88	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2025	Payee name Smither, Alexandra	
Amount (\$) \$230.87	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 53/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/28/2025	5 Payee name Smither, Alexandra	
6 Amount (\$) \$230.88	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Smither, Alexandra		
Amount (\$) \$230.87	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Smither, Alexandra		
Amount (\$) \$230.88	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 54/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/16/2025	5 Payee name Smither, Alexandra	
6 Amount (\$) \$230.87	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Smither, Alexandra	
Amount (\$) \$230.88	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Smither, Alexandra	
Amount (\$) \$230.87	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 55/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/16/2025	5 Payee name Smither, Alexandra	
6 Amount (\$) \$230.88	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name Squarespace	
Amount (\$) \$118.21	Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name Squarespace	
Amount (\$) \$58.38	Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 56/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/06/2025	5 Payee name Squarespace	
6 Amount (\$) \$118.21	7 Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2025	Payee name Squarespace	
Amount (\$) \$38.38	Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name Squarespace	
Amount (\$) \$118.21	Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 57/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/22/2025	5 Payee name Squarespace	
6 Amount (\$) \$38.38	7 Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Squarespace		
Amount (\$) \$118.21	Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name Squarespace		
Amount (\$) \$38.38	Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 58/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 08/06/2025	5 Payee name Squarespace	
6 Amount (\$) \$118.21	7 Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name Squarespace		
Amount (\$) \$38.38	Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Squarespace		
Amount (\$) \$118.21	Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 59/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 12/22/2025	5 Payee name Squarespace	
6 Amount (\$) \$38.38	7 Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2025	Payee name Taylor Rehmet for SD9	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 470812 Fort Worth, TX 76147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Taylor Rehmet for SD9	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 470812 Fort Worth, TX 76147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 60/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/17/2025	5 Payee name Texas Lobby Guide	
6 Amount (\$) \$54.13	7 Payee address; City; State; Zip Code PO Box 461753 San Antonio, TX 78246	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Guide for Texas Lobby Groups/Contact Information
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name Texas Lobby Guide	
Amount (\$) \$54.13	Payee address; City; State; Zip Code PO Box 461753 San Antonio, TX 78246	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Guide for Texas Lobby Groups/Contact Information
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2025	Payee name Texas State Senate	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1200 Congress Ave Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photos from Auditor's Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 61/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/25/2025	5 Payee name Tiff's Treats	
6 Amount (\$) \$42.47	7 Payee address; City; State; Zip Code 1806 Nueces St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2025	Payee name UniteHere23 PAC	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 275 7th Ave 16th Fl New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2025	Payee name WIPO Youth Development	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 8602 Aspec View Ct Houston, TX 77088	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Community Event for Youth
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 62/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/15/2025	5 Payee name Wall and Sons Coordinators	
6 Amount (\$) \$240.00	7 Payee address; City; State; Zip Code 1302 Waugh Dr Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Security for public event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2025	Payee name Walmart	
Amount (\$) \$6.40	Payee address; City; State; Zip Code 111 Yale St Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2025	Payee name Walmart	
Amount (\$) \$3.22	Payee address; City; State; Zip Code 111 Yale St Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 63/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 09/15/2025	5 Payee name Weglot	
6 Amount (\$) \$340.78	7 Payee address; City; State; Zip Code 1200 12th Ave Seattle, WA 98144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Translation Service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2025	Payee name YAMM.com	
Amount (\$) \$60.00	Payee address; City; State; Zip Code Avenue Van Volxem 302-304 bte 4 Brussels 1190 Belgium	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail merge service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name YAMM.com	
Amount (\$) \$60.00	Payee address; City; State; Zip Code Avenue Van Volxem 302-304 bte 4 Brussels 1190 Belgium	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail merge service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 64/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 11/20/2025	5 Payee name YAMM.com	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code Avenue Van Volxem 302-304 bte 4 Brussels 1190 Belgium	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail merge service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Zoom	
Amount (\$) \$18.12	Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2025	Payee name Zoom	
Amount (\$) \$18.12	Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 65/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/06/2025	5 Payee name Zoom	
6 Amount (\$) \$18.12	7 Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2025	Payee name Zoom	
Amount (\$) \$18.12	Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2025	Payee name Zoom	
Amount (\$) \$18.12	Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 66/66 Rpt:	2 FILER NAME Cook, Molly C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 07/07/2025	5 Payee name Zoom	
6 Amount (\$) \$18.12	7 Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 248/248
2 FILER NAME Cook, Molly C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 10/16/2025	5 Name of person from whom amount is received Amazon 6 Address of person from whom amount is received; City; State; Zip Code Seattle, WA 98109 7 Purpose for which amount is received Refund of Accidental Purchase	8 Amount (\$) \$44.62 <input type="checkbox"/> Check if political contribution returned to filer
Date 12/05/2025	Name of person from whom amount is received Calltime.ai Address of person from whom amount is received; City; State; Zip Code Long Beach, CA 90806 Purpose for which amount is received Software credit	Amount (\$) \$500.00 <input type="checkbox"/> Check if political contribution returned to filer
Date 12/26/2025	Name of person from whom amount is received Katz Compliance Address of person from whom amount is received; City; State; Zip Code Washington, DC 20033 Purpose for which amount is received Refund of overpayment	Amount (\$) \$802.00 <input type="checkbox"/> Check if political contribution returned to filer
Date 11/13/2025	Name of person from whom amount is received Katz Compliance Address of person from whom amount is received; City; State; Zip Code Washington, DC 20033 Purpose for which amount is received Return of advance for compliance consulting	Amount (\$) \$198.00 <input type="checkbox"/> Check if political contribution returned to filer
Date 07/16/2025	Name of person from whom amount is received National Conference of State Legislators Address of person from whom amount is received; City; State; Zip Code Washington, DC 20001 Purpose for which amount is received Refund of conference payment	Amount (\$) \$755.00 <input type="checkbox"/> Check if political contribution returned to filer