

**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	MS / MRS / MR	FIRST The Honorable Molly C.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Cook	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 667238  Houston, TX 77266			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr.	MI			
	NICKNAME	LAST Leif  Hatlen	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 13527 N. Tracewood Bend  Houston, TX 77077		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (281) 493-3107					
8 REPORT TYPE	<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)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	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			
11 OFFICE	OFFICE HELD (if any) State Senator District 15			12 OFFICE SOUGHT (if known)		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Cook, Molly C. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00086313
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 50,830.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 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**

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<b>18</b> FILER NAME Cook, Molly C. (The Honorable)	<b>19</b> Filer ID (Ethics Commission Filers) 00086313
<b>20</b> 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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 6/177 Rpt: 9/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)			<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 10/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bair, Chip ..... <b>6</b> Contributor address; City; State; Zip Code  Lahaina, HI 96761	<b>7</b> Amount of Contribution (\$)  \$25.00	
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed	
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bandy, James ..... 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 ..... 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#: _____) Barcenas, C ..... 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#: _____) Barcenas, C ..... 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/177 Rpt: 10/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Theresa	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Venice, FL 34285	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartos, John	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Houston, TX 77018	
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	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Minneapolis, MN 55414	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  San Francisco, CA 94127	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Lincoln, CA 95648	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/177 Rpt: 11/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beauchemin, Mary Ann	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beauchemin, Mary Ann	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Bellaire, TX 77401	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Minneapolis, MN 55417	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Minneapolis, MN 55417	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Minneapolis, MN 55417	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Normandale community College

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/177 Rpt: 13/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belsome, Paul	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77380	
<b>8</b> Principal occupation / Job title (See Instructions) United States Marketing		<b>9</b> Employer (See Instructions) Dhl Global Forwarding
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bence, Paige	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Oakland, CA 94619	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Warrington, PA 18976	
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	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Warrington, PA 18976	
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	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Arlington, VA 22204	
Principal occupation / Job title (See Instructions) Bus Driver		Employer (See Instructions) Aps

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/177 Rpt: 14/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Thomas ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>8</b> Principal occupation / Job title (See Instructions) Lawyer	<b>9</b> Employer (See Instructions) Self-Employed
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Tom ..... 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 ..... 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 ..... 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 ..... 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

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 15/177 Rpt: 18/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)			<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyareddigari, Prasanth ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77025	<b>7</b> Amount of Contribution (\$)  \$250.00	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self	
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Susan ..... 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 ..... 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 ..... 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 ..... 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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/177 Rpt: 26/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conatser, Jo&Charles	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79411	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coneway, Lynn	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Houston, TX 77019	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin TX, TX 78746-4115	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Austin TX, TX 78746-4115	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Austin TX, TX 78746-4115	
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/177 Rpt: 28/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, M Thomas ..... <b>6</b> Contributor address; City; State; Zip Code  Bandera, TX 78003	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>8</b> Principal occupation / Job title (See Instructions) Not Employed	<b>9</b> Employer (See Instructions) Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coon, Jane ..... 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 ..... 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 ..... 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 ..... 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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/177 Rpt: 37/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Cameron ..... <b>6</b> Contributor address; City; State; Zip Code  Atascocita, TX 77346	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Design Engineer	<b>9</b> Employer (See Instructions) Pentair
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Cameron ..... 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 ..... 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 ..... 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 ..... 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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/177 Rpt: 47/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fair, Kenneth	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006	
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Wright & Close Llp
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farley, Jeannette	Amount of Contribution (\$) \$9.00
	Contributor address; City; State; Zip Code  Oakland, CA 94608	
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	Amount of Contribution (\$) \$14.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  OLATHE, KS 66215	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77005	
Principal occupation / Job title (See Instructions) Real Estate Finance		Employer (See Instructions) Cbre

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/177 Rpt: 48/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 10/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrans, Dianne ..... <b>6</b> Contributor address; City; State; Zip Code  Huntsville, AL 35806	<b>7</b> Amount of Contribution (\$) \$7.50
<b>8</b> Principal occupation / Job title (See Instructions) DBA		<b>9</b> Employer (See Instructions) Kratos
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiedler, Suzanne ..... 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 ..... 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 ..... 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 ..... 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/177 Rpt: 49/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 11/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fink, Edward ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrator		<b>9</b> Employer (See Instructions) UTHEALTH
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fink, Edward ..... 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 ..... 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 ..... 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 ..... 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/177 Rpt: 50/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiscus, Karen ..... <b>6</b> Contributor address; City; State; Zip Code  Fortville, IN 46040	<b>7</b> Amount of Contribution (\$)  \$2.50
	<b>8</b> Principal occupation / Job title (See Instructions) Not Employed	<b>9</b> Employer (See Instructions) N/A
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiscus, Karen ..... 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 ..... 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 ..... 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 ..... 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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/177 Rpt: 62/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDY, DEXTER	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77007	
<b>8</b> Principal occupation / Job title (See Instructions) LT COL US AIR FORCE RETIRED		<b>9</b> Employer (See Instructions) DEPARTMENT OF DEFENSE
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANSEN, BARRETT	Amount of Contribution (\$) \$7.50
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
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	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Albuquerque, NM 87122	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Murrells Inlet, SC 29576	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Houston, TX 77019	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Waste Management

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 63/177 Rpt: 66/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)			<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/13/2025	<b>5</b> Full name of contributor Handy, Lisa	<b>6</b> Contributor address; City; State; Zip Code  Huntersville, NC 28078	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Project Manager		
<b>9</b> Employer (See Instructions) Jones Lang Lasalle	<b>8</b> Principal occupation / Job title (See Instructions) Hanlin, Cassian		
	<b>9</b> Employer (See Instructions) Cal State University System		
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer	<b>9</b> Employer (See Instructions) Harberson, Thomas		
	<b>8</b> Principal occupation / Job title (See Instructions) Architect		
<b>9</b> Employer (See Instructions) Self-Employed	<b>8</b> Principal occupation / Job title (See Instructions) Hardy, Keith		
	<b>9</b> Employer (See Instructions) Bilingual Education Institute		
<b>8</b> Principal occupation / Job title (See Instructions) Program Manager	<b>9</b> Employer (See Instructions) Harrington, Mike		
	<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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## SCHEDULE A1

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

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## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/177 Rpt: 87/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Mudassir	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055	
<b>8</b> Principal occupation / Job title (See Instructions) Emergency Physician		<b>9</b> Employer (See Instructions) Usacs
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kidwell, Roger	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  West Springfield, MA 01089	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Orrtanna, PA 17353	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77030	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77030	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Houston Methodist Hospital

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/177 Rpt: 88/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinney-Lang, Shelby	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Northampton, MA 01060	
<b>8</b> Principal occupation / Job title (See Instructions) Content		<b>9</b> Employer (See Instructions) Rippling
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Lisa	Amount of Contribution (\$) \$3.50
	Contributor address; City; State; Zip Code  San Diego, CA 92101	
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	Amount of Contribution (\$) \$3.50
	Contributor address; City; State; Zip Code  Northridge, CA 91325	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Philadelphia, PA 19130	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Philadelphia, PA 19130	
Principal occupation / Job title (See Instructions) Manager Of Operations		Employer (See Instructions) Urbanpromise Ministries Inc

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/177 Rpt: 89/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohn, Aaron	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78721	
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions) Amazon
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korashan, Marc	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Brooklyn, NY 11217	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77007	
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	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Conyers, GA 30094	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77098	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bcm

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/177 Rpt: 90/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalchuk, Alicia Ann ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>8</b> Principal occupation / Job title (See Instructions) Physician	<b>9</b> Employer (See Instructions) Bcm
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalchuk, Alicia Ann ..... 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 ..... 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 ..... 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 ..... 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

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## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/177 Rpt: 92/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamborn, Taylor	<b>7</b> Amount of Contribution (\$) \$6.50
	<b>6</b> Contributor address; City; State; Zip Code  Reading, PA 19607	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven	Amount of Contribution (\$) \$9.00
	Contributor address; City; State; Zip Code  Berkeley Springs, WV 25411	
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	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Santa Barbara, CA 93105	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Miami, FL 33186	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77079	
Principal occupation / Job title (See Instructions) Electrical Engineer Iii		Employer (See Instructions) The Employment Solution (Tes)- Contracted To Enbridge

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/177 Rpt: 94/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77079	
<b>8</b> Principal occupation / Job title (See Instructions) Psychotherapist		<b>9</b> Employer (See Instructions) Self
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77079	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Boulder, CO 80302	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Fort Collins, CO 80525-8702	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Houston, TX 77025	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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## SCHEDULE A1

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

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

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## SCHEDULE A1

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

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## SCHEDULE A1

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

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## SCHEDULE A1

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

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## SCHEDULE A1

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

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## SCHEDULE A1

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

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

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 111/177 Rpt: 114/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christian	<b>7</b> Amount of Contribution (\$) \$2.50
	<b>6</b> Contributor address; City; State; Zip Code  San Jose, CA 95148	
<b>8</b> Principal occupation / Job title (See Instructions) Emt		<b>9</b> Employer (See Instructions) Norcal Ambulance
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Judith	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Scottsdale, AZ 85250	
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	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Endicott, NY 13760	
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	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Ashland, OR 97520	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Burtonsville, MD 20866	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Health Department

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/177 Rpt: 115/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O Johnson, Nancy	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Lancaster, PA 17603	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Lee	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Fort Collins, CO 80521	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  PORTER CORNERS, NY 12859	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Round Rock, TX 78664	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Rancho Cucamonga, CA 91739	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cecilia Onunkwo

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<b>2</b> FILER NAME Cook, Molly C. (The Honorable)			<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okolowicz, Sofia	<b>7</b> Amount of Contribution (\$) \$2.50	
	<b>6</b> Contributor address; City; State; Zip Code  temecula, CA 92592		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A	
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oleson, Gary	Amount of Contribution (\$) \$5.00	
	Contributor address; City; State; Zip Code  Potomac Falls, VA 20165		
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	Amount of Contribution (\$) \$2.50	
	Contributor address; City; State; Zip Code  Lake Park, MN 56554		
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	Amount of Contribution (\$) \$200.00	
	Contributor address; City; State; Zip Code  Houston, TX 77009		
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	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code  Northborough, MA 01532		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 114/177 Rpt: 117/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osterkil, Alan	<b>7</b> Amount of Contribution (\$) \$2.50
	<b>6</b> Contributor address; City; State; Zip Code  Oak Park, IL 60302	
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Asociety
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostfeld, Daryl	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77096	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Houston, TX 77005	
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	Amount of Contribution (\$) \$7.50
	Contributor address; City; State; Zip Code  Nevada City, CA 95959	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Santa Rosa, CA 95405	
Principal occupation / Job title (See Instructions) Craftsman		Employer (See Instructions) Don Birch Construction

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/177 Rpt: 124/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 12/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulido, Maria	<b>7</b> Amount of Contribution (\$) \$7.50
	<b>6</b> Contributor address; City; State; Zip Code  FORT WORTH, TX 76110	
<b>8</b> Principal occupation / Job title (See Instructions) Package handler		<b>9</b> Employer (See Instructions) FedEx
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Keely	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Cookeville, TN 38501	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Houston, TX 77007	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77007	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Houston, TX 77081	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 122/177 Rpt: 125/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rambow, Marilyn	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77081	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) none
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rambow, Marilyn	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Houston, TX 77081	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Cary, NC 27513	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Southbury, CT 06488	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  WASHINGTON, DC 20009-1889	
Principal occupation / Job title (See Instructions) Attorney Advisor		Employer (See Instructions) Federal Communications Commission

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/177 Rpt: 129/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Kym ..... <b>6</b> Contributor address; City; State; Zip Code  Brinklow, MD 20862	<b>7</b> Amount of Contribution (\$) \$17.50
	<b>8</b> Principal occupation / Job title (See Instructions) Not Employed	<b>9</b> Employer (See Instructions) N/A
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rippe, Bruce ..... 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 ..... 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 ..... 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 ..... 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

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## SCHEDULE A1

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

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## SCHEDULE A1

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

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 129/177 Rpt: 132/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 10/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Isaiah ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77002	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>8</b> Principal occupation / Job title (See Instructions) Senior Digital Strategist	<b>9</b> Employer (See Instructions) Mandate Media
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Isaiah ..... 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 ..... 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 ..... 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 ..... 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

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

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

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

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

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## SCHEDULE A1

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

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## SCHEDULE A1

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

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<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Robyn	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006	
<b>8</b> Principal occupation / Job title (See Instructions) Nanny		<b>9</b> Employer (See Instructions) Self-Employed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Robyn	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Houston, TX 77006	
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	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Chicago, IL 60660	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Minneapolis, MN 55417	
Principal occupation / Job title (See Instructions) Renewable Energy		Employer (See Instructions) None
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuette, Anne	Amount of Contribution (\$) \$7.50
	Contributor address; City; State; Zip Code  San Antonio, TX 78247	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Mary Emily	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77009	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schweitzer, Michelle	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Seattle, WA 98108-1538	
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	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Seattle, WA 98108-1538	
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	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Seattle, WA 98108-1538	
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	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  New York, NY 10025	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 145/177 Rpt: 148/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorelle, Paul	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77035	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorelle, Paul	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77035	\$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	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Clayton, MO 63105	\$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	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77008	\$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	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77008	\$25.00
Principal occupation / Job title (See Instructions) Ceo		Employer (See Instructions) Sorola Consulting Services Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 148/177 Rpt: 151/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 11/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbach, Douglas	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098	
<b>8</b> Principal occupation / Job title (See Instructions) Graduate Student Research Assistant		<b>9</b> Employer (See Instructions) Rice University
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbach, Douglas	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Houston, TX 77098	
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	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code  Sarasota, FL 34235	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77025	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Houston, TX 77005	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self-Employed

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## SCHEDULE A1

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

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## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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## SCHEDULE A1

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

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## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 174/177 Rpt: 177/248
<b>2</b> FILER NAME Cook, Molly C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) dull, corey ..... <b>6</b> Contributor address; City; State; Zip Code  annapolis, MD 21409	<b>7</b> Amount of Contribution (\$)  \$7.50
<b>8</b> Principal occupation / Job title (See Instructions) Computer Technician		<b>9</b> Employer (See Instructions) Micro Performance
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) duncan, mara ..... 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 ..... 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 ..... 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 ..... 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

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## SCHEDULE A1

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

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## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/28/2025	Payee name Act Blue Technical Services	
Amount (\$) \$4.67	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/21/2025	Payee name Act Blue Technical Services	
Amount (\$) \$19.58	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/16/2025	Payee name Act Blue Technical Services	
Amount (\$) \$17.30	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/09/2025	Payee name Act Blue Technical Services	
Amount (\$) \$7.16	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/26/2025	Payee name Act Blue Technical Services	
Amount (\$) \$75.23	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/19/2025	Payee name Act Blue Technical Services	
Amount (\$) \$74.22	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/10/2025	Payee name Act Blue Technical Services	
Amount (\$) \$87.59	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/30/2025	Payee name Act Blue Technical Services	
Amount (\$) \$33.24	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/20/2025	Payee name Act Blue Technical Services	
Amount (\$) \$87.30	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/13/2025	Payee name Act Blue Technical Services	
Amount (\$) \$70.50	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name AppFolio Inc.	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name AppFolio Inc.	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name AppFolio Inc.	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY 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; 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 ONLY 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  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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Choate, Evan	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Choate, Evan	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Choate, Evan	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Choate, Evan	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Choate, Evan	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Choate, Evan	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/06/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/02/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY 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; 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 ONLY 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  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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lewellen, Austin	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lewellen, Austin	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lewellen, Austin	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lewellen, Austin	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lewellen, Austin	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lewellen, Austin	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lewellen, Austin	Office sought Office held
Date 08/28/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lewellen, Austin	Office sought Office held
Date 08/14/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lewellen, Austin	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lewellen, Austin	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lewellen, Austin	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lewellen, Austin	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lewellen, Austin	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name NGP VAN	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name NGP VAN	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 4505 Duval St.  Austin, TX 78751	State; Zip Code
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 ONLY 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; 4505 Duval St.  Austin, TX 78751	State; Zip Code
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 ONLY 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; 4505 Duval St.  Austin, TX 78751	State; Zip Code
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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 4505 Duval St.  Austin, TX 78751	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rainier Management	Office sought Austin, TX 78751	Office held
Date 08/04/2025	Payee name Rainier Management		
Amount (\$) \$500.00	Payee address; City; 4505 Duval St.  Austin, TX 78751	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rainier Management	Office sought Austin, TX 78751	Office held
Date 07/02/2025	Payee name Rainier Management		
Amount (\$) \$500.00	Payee address; City; 4505 Duval St.  Austin, TX 78751	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rainier Management	Office sought Austin, TX 78751	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/30/2025	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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/30/2025	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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Squarespace	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Squarespace	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Squarespace	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Squarespace	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Squarespace	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Squarespace	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Squarespace	Office sought Office held
Date 09/08/2025	Payee name Squarespace	
Amount (\$) \$118.21	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Squarespace	Office sought Office held
Date 08/21/2025	Payee name Squarespace	
Amount (\$) \$38.38	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Squarespace	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Squarespace	Office sought Office held
Date 07/21/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Squarespace	Office sought Office held
Date 07/07/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Squarespace	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; PO Box 461753  San Antonio, TX 78246	State; Zip Code
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 ONLY 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; PO Box 461753  San Antonio, TX 78246	State; Zip Code
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 ONLY 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; 1200 Congress Ave  Austin, TX 78701	State; Zip Code
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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 1302 Waugh Dr  Houston, TX 77019	State; Zip Code	
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 ONLY 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; 111 Yale St  Houston, TX 77007	State; Zip Code	
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 ONLY 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; 111 Yale St  Houston, TX 77007	State; Zip Code	
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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 Volkem 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 ONLY 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

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