#### P.O. Box 12070 JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 ACCOUNT # 2 Total pages filed: (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS/MRS/MR OFFICE USE ONLY OFFICEHOLDER NAME NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX: APT/SHITE# STATE ZIP CODE OFFICEHOLDER MAILING Date **ADDRESS** change of address Rec AREA CODE PHONE NUMBER CANDIDATE/ EXTENSION OFFICEHOLDER PHONE MS/MRS/MR FIRST Date Imaged 6 CAMPAIGN MI **TREASURER** Shoshana NAME NICKNAME SUFFIX STREETADDRESS (NO PO BOX PLEASE) CAMPAIGN APT/SUITE#: STATE: ZIP CODE **TREASURER ADDRESS** (residence or business) ADEA CODE DUONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign treasurer January 15 30th day before election Runoff appointment (officeholder only) July 15 Exceeded \$500 limit Final report (Attach C/OH - FR) 8th day before election 10 PERIOD THROUGH COVERED 12 /31 /14 **ELECTION DATE ELECTION TYPE** 11 ELECTION General Special Primary Runoff $\Pi$ OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) County Crim Ct 14 NOTICE DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. OF DIRECT CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. CAMPAIGN **EXPENDITURE** Name BY OTHER INDIVIDUALS Address / PO Box; Apt./Suite#: City; Zip Code State:

**GO TO PAGE 2** 

additional pages

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

FORM JC/OH

	# 101AE0		COVER SHEET PG 2
15 C/OH NAME	(	David Cook	16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
001111111111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME	TARR DIS JAI
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additional pages	G. 251116	COMMITTEE CAMPAIGN TREASURER NAME	AM 8:
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9 245,00
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	4. TOTAL	POLITICAL EXPENDITURES	\$ 10,995,52 DAY \$ 50,00
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19 AFFIDAVIT			
		· · · · · · · · · · · · · · · · · · ·	perjury, that the accompanying report is a formation required to be reported by me
Notary P My Co	I ROBERTS PHILLIP ublic, State of Texa ommission Expires une 26, 2017		adidate or Officeholder
AFFIX NOTARY STA	MP / SEAL ABOVE		
Sworn to and sub	0		
day of the	Distance	SARAN R PAILLIAS	I A ZI A S
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of officer administering oath

#### SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A(J):
2 FILER NAME	David Cook		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Dut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
10	6 Contributor address; City; State; Zip Code 623-AWDivision St Allington TX 76011		(If travel outside	of Texaper-complete Schedule T)
9 Contributor's p	rincipal occupation  Harney	10 Contributor's job	title	TA 2015 LEC
	mployer/law firm er Grehan A Horney at Lew	12 Law firm of contri	butor's spouse (if an	JAN JAN FRAN
	a child, law firm of parent(s) (if any)			NT C
Date .	Full name of contributorout-of-state PAC (ID#	)	Amount of contribution (\$)	description (if applicable)
10-14-14	Santiago Salinas  Contributor address; City; State; Zip Code  GOI University Or # 101		200	TY F 14 RATOR
	Ff Worth TX 76107		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation AHUNY	Contributor's job		,
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	у)
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
10-14-14	Mark Doniel  Contributor address; City; State; Zip Code  115 Wiscond St, Sh 202		150.00	.
	F1 WORL TX 7600)		(If travel outside	of Texas, complete Schedule T)
	incipal occupation A Horky	Contributor's job t	title	
	mployer/law firm 8 K DONIEL, AHOING OF LOW	Law firm of contril	butor's spouse (if an	y)
If contributor is	a child, law firm of parent(s) (if any)			

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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The Instruction Guide explains how to complete	this form.	1 Total pages Sch	nedule A(J):
2 FILER NAME David Look		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor □out-of-state PAC (ID#:  5 Full name of contributor □out-of-state PAC (ID#:  10-14-14  6 Contributor address; ○ City; State; Zip Co		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
915 W Belkings FWTY 76102			of Texas, complete Schedule T)
9 Contributor's principal occupation A 101 NEY	10 Contributor's job	title	
11 Contributor's employer/law firm  Lew Office of Jik Skok  13 If contributor is a child, law firm of parent(s) (if any)	12 Law firm of contri	butor's spouse (if an	y)
		г	
Date Full name of contributorout-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Co		100	 
F7 WORTH TY 76102		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation AHONDE	Contributor's job	title	
Contributor's employer/law firm  William Kay, Athor Nay	Law firm of contri	butor's spouse (if an	y) .
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Co	82 1	250	 
Ft Work TX 76167 Contributor's principal occupation	Contributor's job		of Texas, complete Schedule T)
Attorny			_ m_ ~
Contributor's employer/law firm	Law firm of contril	butor's spouse (if aຖື ໍ່	TARR.
If contributor is a child, law firm of parent(s) (if any)			RAN ONS
ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see in			LED T COUNTY 5 AM 8: 14 K PHILLIPS ADMINISTRATO

#### **POLITICAL CONTRIBUTIONS** OTHER THAN DI EDGES OR LOAMS / HUDICIAL \

P.O. Box 12070

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2 FILER NAME	David Cook		3 ACCOUNT # (E	thics Commission Filers)
4 Date 10-24-14	5 Full name of contributor Dout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Contributor's p	rincipal occupation	10 Contributor's job		of Texas, complete Schedule T)
	A HVINY mployer/law firm  Low Office of Jim Show a child, law firm of parent(s) (if any)	12 Law firm of contri	butor's spouse (if an	y)
Date / Y.)	Full name of contributorout-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
11-6-14	Tracy William S  Contributor address; City; State; Zip Code  301 Edinburgh C+  Southlake, Tx 76092		100	
	Journale, 1x 16092		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation VIA	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	y)
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor   Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
Cantributadan	rincipal occupation	Contributor's job		of Texas, complete Schedule T)
Contributors p	Teache	Contributors job	uue	
Contributor's e	mployer/law firm	Law firm of contri みおにいい	butor's spouse (if any	
If contributor is	a child, law firm of parent(s) (if any)		1	
lf cont	ATTACH ADDITIONAL COPIES C tributor is out-of-state PAC, please see instr	OF THIS SCHEDULE uction guide for a	AS NEEDED	ARRAHT COUNTY 2015 JAN 15 AN 8: 14 FRANK PHILLEPS FRANK PHILLEPS FRANK PHILLEPS FRANK PHILLEPS BY:

# **POLITICAL CONTRIBUTIONS**

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2 FILER NAME	David Cook		3 ACCOUNT # (E	thics Commission Filers)
10-16-14	5 Full name of contributor Out-of-state PAC (ID#  Serfy Wood  6 Contributor address; City: State; Zip Code 1200 Summit Ale Styll  Contributor Ale Styll	?	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Contributor's p	For Winkty 76102 principal occupation	40 Contributada iab		of Texas, complete Schedule T)
9 Contributors	Attorny	10 Contributor's job	title	
Lew	office of Jerry LWUD	12 Law firm of contri	butor's spouse (if any	<b>y</b> )
13 if contributor is	s a child, law firm of parent(s) (if any)			
Date 10-17-14	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)
•	FI WORLD TX 76102		(If travel outside	of Texas, complete Schedule T)
Contributor's	principal occupation	Contributor's job	title	
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If contributor is	s a child, law firm of parent(s) (if any)			
Date 10-17-14	Full name of contributor out-of-state PAC (ID#  Lessie Sohns  Contributor address; City; State; Zip Code  3313 Herrege Cn		Amount of contribution (\$)	In-kind contribution description(if applicable)
	For Worth TY		(If travel outside	of Texas, complete Schedule T)
Contributor's p	orincipal occupation AHOMEY	Contributor's job	`	
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2 FILER NAME	David Cook		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Contributor's p	rincipal occupation	10 Contributor's job		of Texas, complete Schedule T)
11 Contributor's e	mployer/Jaw firm Ketired	12 Law firm of contril	butor's spouse (if an	у)
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor Out-of-state PAC (ID#:	PFoster	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Euless TX 76039		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if any	y)
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor   out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)  of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
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2 FILER NAME DOVID COOK	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)  (If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation Retired	10 Contributor's job title
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date  Full name of contributor Dout-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description(if applicable)
Southloke TX 76092	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributors spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date  Full name of contributor    Out-of-state PAC (ID#	Amount of contribution (\$)  In-kind contribution description(if applicable)
Arlington TY 76012	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
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2 FILER NAME David Cook		3 ACCOUNT # (E	thics Commission Filers)	
4 Date 5 Full name of contributorlout-of-state PAC (ID#:  Fronk Bry ant		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
Frank Bryant  6 Contributor address; City; State; Zip Code  3612 Appen Wood Dr		100		
ised ford TV 16011			of Texas, complete Schedule T)	
9 Contributor's principal occupation	10 Contributor's job	title		
11 Contributor's employer/law firm	12 Law firm of contri	butor's spouse (if any	()	
13 If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)	
Contributor address: City: State: Zip Code		100		
F7 Wursh TX 76120		(If travel outside	of Texas, complete Schedule T)	
Contributor's principal occupation	Contributor's job	title		
Contributor's employer/law firm	Law firm of contri	firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor Out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)	
Contributor address; City; State; Zip Code 806 Dee Dee Crock		100		
Euless, TX 76040		(If travel outside	of Texas, complete Schedule T)	
Contributor's principal occupation Secretory	Contributor's job	title		
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2 FILER NAME David Goot	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip	ode 1 <i>D</i> O
Al vorodo TV 76009  9 Contributor's principal occupation 0.	(If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor stop tide
11 Contributor's employer/law firm Kleiber & Associates	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description(if applicable)
Contributor address; City; State; Zip C	ode 200
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Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm &/f	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of apritributor Cook	Amount of In-kind contribution contribution (\$) description(if applicable)
11-11-14 Contributor address; City; State; Zip C 3301 Shadow Wood Ci	
11.2.0.0.01.1	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
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2 FILER NAME	David Cook		3 ACCOUNT # (Et	hics Commission Filers)	
4 Date	Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
9 Contributor's p	Hurs + TV 76054	10 Contributor's job	`	of Texas, complete Schedule T)	
3 Communication op					
11 Contributor's e	mployer/law firm MBFS	12 Law firm of contrib	outor's spouse (if any	)	
13 If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)	
11.13.19	Contributor address; City; State; Zip Code		500		
	Fort Worth TV 76102			of Texas, complete Schedule T)	
Contributor's p	rincipal occupation A-thorneu	Contributor's job	title		
Contributor's e	mployer/law firm	Law firm of contributor's spouse (if any)			
If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor   Dout-of-state PAC (1D#  Benson Varghese		Amount of contribution (\$)	In-kind contribution description(if applicable)	
10-31	Benson Varghese contributor address: City: State: Zip Code 604 Main St 305 Foot Worth TX 76102		100		
Contributor's p	rincipal occupation	Contributor's job	,	of Texas, complete Schedule T)	
Oonandator 3 p	A Horney				
Contributor's e	Worghest & SmithPLLC	Law firm of contril	butor's spouse (if apy	TARR. 2015 JA	
If contributor is	a child, law firm of parent(s) (if any)		-	JAN FRANCE	
If cont	ATTACH ADDITIONAL COPIES Coributor is out-of-state PAC, please see instru			LEDUNTY 15 AM 8: 15 K PHILLIPS ADMINISTRAT	

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2 FILER NAME	David Cook		3 ACCOUNT # (Et	thics Commi	ssion File	rs)	
4 Date	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of contribution (\$)	descrip	ind contril otion(if ap	plicable	
9 Contributor's p	rincipal occupation	10 Contributor's job	(If travel outside	of Texas, co	mplete Sc	hedule T	)
11 Contributor's e	mployer/law firm Self - Remax	12 Law firm of contri	butor's spouse (if any	′)			
13 If contributor is	a child, law firm of parent(s) (if any)						
11/8/M	Full name of contributorout-of-state PAC (ID#:  Terence By ju k  Contributor address; City; State; Zip Code  POBOL 210863		Amount of contribution (\$)		ind contril otion(if ap		<b>;</b> )
	Bedford TX 76095		(If travel outside	of Texas, co	mplete Sc	hedule T	,
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Contributor's p	rincipal occupation	Contributor's job		8Y:	JEC.	2011	7
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If contributor is	s a child, law firm of parent(s) (if any)				25	5	-
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2 FILER NAME	David Cush		3 ACCOUNT # (Eth	hics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:  COSE HE Cook  6 Contributor address: City; State; Zip Code  JGB Airport Fuy State  Red ford TI 76021		contribution (\$)	8 In-kind contribution description(if applicable)  of Texas, complete Schedule T)
9 Contributor's	principal occupation	10 Contributor's job	title	
1 Contributor's	employer/law firm	12 Law firm of contri	butor's spouse (if any	)
13 If contributor	is a child, law firm of parent(s) (if any)	Don't Cook		
Date	Full name of contributorout-of-state PAC (ID#:  Contributor address; City; State, Zip Code		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's	principal occupation	Contributor's job	<u> </u>	of Texas, complete Schedule T)
Contributor's	employer/law firm	Law firm of contri	butor's spouse (if any	)
If contributor	is a child, law firm of parent(s) (if any)	1		
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			of Texas, complete Schedule T)
Contributor's	principal occupation	Contributors job	title	
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# **POLITICAL CONTRIBUTIONS**

Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A(J):
David Cook		3 ACCOUNT # (E	thics Commission Filers)
5 Full name of contributor   _out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
principal occupation	1 1. 1	title 1	of Texas, complete Schedule T)
mployer/law firm		01100	y)
s a child, law firm of parent(s) (if any)			
Full name of contributor   Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable) of Texas, complete Schedule T)
rincipal occupation	Contributor's job t	title	
mployer/law firm	Law firm of contrib	outor's spouse (if any	<i>n</i>
a child, law firm of parent(s) (if any)			
Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)  of Texas, complete Schedule T)
rincipal occupation		itle	
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ATTACH ADDITIONAL COPIES O tributor is out-of-state PAC, please see instru			TARRANT COUNTY  2015 JAN 15: AM 8: 15 FRANK MONTHLLIPS FRANK FRANK FOR Revised 07/28/2014
	5 Full name of contributor   Out-of-state PAC (ID#	David Cook	S Full name of contributor   Out-of-state PAC (ID#   Amount of contributor's spouse (if any spouse)

P.O. Box 12070

The Instruction Guide explains how to complete	this form.  1 Total pages Schedule A(J):			
2 FILER NAME David Cook	3 ACCOUNT # (Ethics Commission Filers)			
5 Full name of contributorout-of-state PAC (ID#_Felipe Calzada  6 Contributor address: City; State; Zip Co 2011 State   Sta	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)  Indeed (If travel outside of Texas, complete Schedule T)			
9 Contributor's principal occupation AHDCNLY	10 Contributor's job title			
11 Contributor's employer/law firm  Law of Felipe Colzada  13 If contributor is a child, law firm of parent(s) (if any)	12 Law firm of contributor's spouse (if any)			
Date  Full name of contributor Out-of-state PAC (ID#_  Judi Conser  Contributor address; City; State; Zip Co  G34 Land; Dr  Runcway Bay TX 764	contribution (\$) description(if applicable)			
Contributor's principal occupation	Contributor's job title			
Sarker				
Contributor's employer/law firm  (s) Stock Book - Bringe Purt  If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor  Tavis Milles  Contributor address; City; State; Zip Co  8045 Whitney LA	Amount of contribution (\$)   In-kind contribution description(if applicable)			
Contributor's principal occupation	(If travel outside of Texas, complete Schedule T)  Contributor's job title			
Contributor's principal occupation	Contributor 8 Job title			
Contributor's employer/law firm	Law firm of contributor's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)	TARRAN FRAN ECTIONS			
ATTACH ADDITIONAL COPIE  If contributor is out-of-state PAC, please see in	S OF THIS SCHEDULE AS NEEDED struction guide for additional reporting remains.			

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The Instruction Guide explains how to complete this	s form.  1 Total pages Schedule A(J):
2 FILER NAME David Cost	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#: A lison Poson 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
9 Contributor's principal occupation	(If travel outside of Texas, complete Schedule T)  10 Contributor's job title
Self Realtur	
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date  Full name of contributorout-of-state PAC (ID#:  Loi To Thompson  Contributor address; City; State; Zip Code	Amount of contribution (\$)  Amount of contribution (\$)  Amount of In-kind contribution description(if applicable)
Contributor's principal occupation	(If travel outside of Texas, complete Schedule T)  Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date  Full name of contributorout-of-state PAC (ID#  Ohnstun  Contributor address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	5 JAI
ATTACH ADDITIONAL COPIES O	FRANK PHILLIPS ADMINISTRATED OF THIS SCHEDULE AS NEEDED uction guide for additional report ng regulirements.

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A(J):
2 FILER NAME	David Cook		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)  of Texas, complete Schedule T)
9 Contributor's p	principal occupation	10 Contributor's job		or reside, complete concease ()
11 Contributor's	employer/law firm	12 Law firm of contri	butor's spouse (if an	у)
13 If contributor is	s a child, law firm of parent(s) (if any)	I		
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
11-6-2014	Contributor address; City; State; Zip Code 3627 Oskwood Orive Grapevine, Tx 76051		(If travel outside	of Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job		
Contributor's employer/law firm Law firm of contributor's spouse (if any)		у)		
If contributor is a child, law firm of parent(s) (if any)				
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
11-6-2014	Contributor address; City; State; Zip Code 3/18 Sweet Brian Grapevine, Tx 7605/		100.∞	 
0-1-1-1-1-1-1	•	Contributor's job		of Texas, complete Schedule T)
Contributors	principal occupation	Contributor s Job	uue	B E 2
Contributor's	employer/law firm	Law firm of contri	butor's spouse (if an	rari JIS J Ecfid
If contributor is	s a child, law firm of parent(s) (if any)			AN A
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

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		3 (JODICIAL	-,	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule A(J):
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
-6-2014	6 Contributor address; City; State; Zip Code 6940 Red Bud Drive Flower Mound, Tx 75022		/00.00	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job		,
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if any	)
13 If contributor is	s a child, law firm of parent(s) (if any)	I		
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
11-6-2014	Contributor address: City; State; Zip Code 748 Wander Come Park Court 6000000000000000000000000000000000000		100.00	
	Cocococococococococococococococococococ			of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
11-6-2019	Contributor address; City; State; Zip Code 3029 Alice Court		100.00	
	Grapevine, Tx taosi		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	employer/law firm	Law firm of contri	butor's spouse (if any	)
If contributor is	s a child, law firm of parent(s) (if any)	,	σ. 	TAI 2015
If con	ATTACH ADDITIONAL COPIES ( tributor is out-of-state PAC, please see instr			TARRANT COUNTY  IS JAN 15 AM 8E 15  FRANK PHILLIPS

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
11-6-2014	6 Contributor address; City; State; Zip Code 301 Edinburgh C+ Southlake, Tx 76092		/83.00	of Texas, complete Schedule T)
9 Contributor's p	nncipal occupation	10 Contributor's job		or lexas, complete scriedule 1)
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if any	/)
13 If contributor is	s a child, law firm of parent(s) (if any)	I		
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's employer/law firm Law firm of contributor's spouse (if any)		")		
If contributor is a child, law firm of parent(s) (if any)				
Date	Full name of contributorout-of-state PAC+ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code  (If travel outside of Texas, complete Schedule T)				
Contributor's p	rincipal occupation	Contributor's job		or restate, complete concease 17
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if any	v)
If contributor is a child, law firm of parent(s) (if any)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

	EXPENDITURE	CATEGORIES FOR BOX 8(	a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense		pment & Related Exp ions Made By holder/Political Com	mittee
	* :	explains how to complete this		egory not listed abo	ve)
1 Total pages Schedule F:	2 FILER NAME	Ank Complete time		# (Ethics Commission	n Filers)
4 Data	Uayi0	CON			
10-16-14	5 Payee name Texas D	Sozi			
6 Amount (\$) 126.09	7 Payee address; City; St	ate; Zip Code			
8 PURPOSE	(a) Category (See categories listed at the to	of this schedule) (b) Description	on (If travel outside of Texas	s, complete Schedule T)	
OF EXPENDITURE	Event Ex Der	ise Fu	rdase Apod 4	arme	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder Name	Office sou	ught	Office held	٠
Date	Payee name TOJON Lowy	NOCK			
8/19/17					
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE	Category (See categories listed at the to	o of this schedule) Description	on (If travel outside of Texas	, complete Schedule T)	
OF EXPENDITURE	Dollathe France	/	2 vies		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ight	Office held	
9/6/14	Visto Part				
171,24	Payee address; City; St	ate; Zip Code			
PURPOSE	Category (See categories listed at the to	of this schedule) Description	on (If travel outside of Texas	, complete Schedule T)	
OF EXPENDITURE	Prining ELDON	e F	Neloses =	E 2	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder hame	Office sou	ight	C Mice held	ARR/
Date / 1 / 1 / .	Payee name			<del>-                                    </del>	<b>4</b> 2
9/16/19	Vistorant			SE SI	OM OM
233.74	Payee address; City; St	ate; Zip Code		AM 8: 15	DUNTY
PURPOSE	Category (See categories listed at the top	of this schedule) Description	on (If travel outside of lexas	i, compete Schedule T)	
OF EXPENDITURE	Printing Ex	some /e	Herhead		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sou		Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE A	SNEEDED		

#### P.O. Box 12070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Advertising Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Legal Services Consulting Expense Travel In District Food/Beverage Expense Contributions/Donations Made By **Event Expense** Travel Out Of District Polling Expense Candidate/Officeholder/Political Committee Office Overhead/Rental Expense Fees Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 5 Payee name Nut for Potal Printing - A Three Leaves, LLC Company, address; City; State, Zip Code Ste # 102-90 Clesmont F1 34714 4 Date 6 Amount (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See 8 OF Whina Expense EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name ss; City; State; Zip Gode 08 As post Fuy, Sic SUD Category Description (If travel outside of Texas, complete Schedule T) PURPOSE Reimburhouse OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) Category Description (If travel outside of Texas, complete Schedule T) PURPOSE e mourement EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address; 5 Description (If travel outside of Te Category (See cate PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder liv Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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P.O. Box 12070

#### POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Accounting/Banking Solicitation/Fundraising Expense Legal Services Consulting Expense Travel In District Food/Beverage Expense Contributions/Donations Made By **Event Expense** Travel Out Of District Polling Expense Candidate/Officeholder/Political Committee Fees Office Overhead/Rental Expense Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address: (a) Category (b) Description (If travel outside of Texas, complete Schedule T) 8 schedule) NUIK NEM **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Amount (\$) Category (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name City; State; Zip Code Amount (\$) Category f travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE Check if Austin, TX, office Office Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) Payee address 268089 of Texas complete on (If travel outside Description Category PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTAN	DING LOANS	schedule <b>L</b>
The In	estruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME	David Cast	3 ACCOUNT # (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender	
	5 Lender address; City; State; Zip Code	stor 177627
GUARANTOR INFORMATION	6 Name of guarantor	
mot applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	A 10.1 A
not applicable	Guarantor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	ELE 20
GUARANTOR INFORMATION	Name of guarantor	ARRA S JAN FRAN CTIONS
not applicable	Guarantor address; City; State; Zip Code	NT CO
LENDER INFORMATION	Name of lender	NTY 8: 15 PS STRATO
	Lender address; City; State; Zip Code	**************************************
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED