JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to comp	lete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE /	MS/MRS/MR FIR	ST	MI	OFFICEUSE ONLY	
OFFICEHOLDER NAME	David			Date Received	
	NICKNAME LAS	т,	SUFFIX	POSTMARK 1-15-2014	
	Cook				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #	t, GTY;	STATE: ZIP CODE	Date Hand-delivered or, Postnyaried	
change of address				Receipt # Amount	
5 CANDIDATE/	AREA CODE PHONE NUN	IBER	EXTENSION	Receipt # / Amount Amount N	
OFFICEHOLDER PHONE				Date Processed	
6 CAMPAIGN TREASURER	MS/MRS/MR FIR		MI	Date Imaged 🤝	
NAME	Shosh				
	NICKNAME LAS	ı	SUFFIX	1	
	Cook				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE	e); APT/SUITE#;	CITY; STATE	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM	1BER	EXTENSION		
, 110112					
9 REPORT TYPE	January 15 30th	day before election	Runoff	15th day after campaign treasurer appointment (officeholderonly)	
	July 15 8th d	ay before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10 PERIOD	Month Day Year		Month Day	Year	
COVERED	7 / 1 / 2013	THROUGH	12 / 31	2013	
11 ELECTION	Morth Day Year 3 / 4 / 2013	ELECTION PYPE Primary	Runoff [General Special	
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (if know	V 1)	
			County Crim	ninal Court 1	
		GO TO PAG	SE2		

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME	David Cook		15 ACCOUNT# (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICEN	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M OLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAI S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	TA! 2014 ELECT BY:
	GENERAL	COMMITTEE ADDRESS	S A R
	SPECIFIC		55 2 X
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	ROAR SO
		COMMITTEE CAMPAIGN TREASURER ADDRESS	10g G -<
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	AN \$ 25
	2. TO TAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		EMIZED \$ 279.12
,	4. TOTAL POLITICAL EXPENDITURES		\$ 10,578.12
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 2775.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C AY OF THE REPORTING PERIOD	\$ 22,321.25
18 AFFIDAVIT			
		true and correct and includes al under Title 15, Election Code.	of perjury, that the accompanying report is information required to be reported by me
Noton	AH ROBERTS PHILLI y Public, State of Te	XQS XQS	
My	Commission Expire June 26, 2017		Candidate or Office better
	MD (SEAL AROVE	The state of the s	- Commence of the Commence of

Sworn to and subscribed before me, by the said DAVID E Cook this the day of January, 20 14 , to certify which, witness my hand and seal of office.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A(J):
2 FILER NAME	DavidCook		3 ACCOUNT# (Et	hics Commission Filers)
4 Date	5 Full name of contributor Out-of-statePAC(D# Bety Singleton 6 Contributor address; City; State; Zip Code 101 Monte(rey Dr Settleson City;	MU65109	7 Amount of contribution (\$) 2500.00 (If travel outside	8 In-kind contribution description(fapplicable)
9 Contributor's pi	rincipal occupation	10 Contributor's job	title //A	1 22 No.
11 Contributor's et	mployer/lawfirm	12 Lawfirm of contril	butor's spouse (Ifany	
13 If contributor is	a child, law firm of parent(s) (fany)	· · · · · · · · · · · · · · · · · · ·		9 5
Date	Full name of contributor Dout-of-state PAC (DIF MOH Anderson Contributor address; City; State; Zip Code Li 346 Meodowdole Ln Dellos	T	Amount of contribution (\$) 250.00	In-kind contribution description(fapplicable) of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	· · · · · · · · · · · · · · · · · · ·
Muno	mployer/law imm K W) SON Mondala LLP a child, law firm of parent(s) (1 any)	 	(作凶 butor's spouse (fany ソノみ	,
	NIA			
Date	Full name of contributorout-of-state PAC (D#		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code		(¶ travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	 	· ·
Contributor's employer/lawfirm Lawfirm of contributor's employer/lawfirm		Lawfirm of contri	butor's spouse (Ifan)	<i>y</i>)
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.

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):				
2 FILER NAME David Cook			3 ACCOUNT#	(Ethics Commis	slon Filers)	ļ
TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒			\$	\$		
5 Date of loan 9/6/3	Date of loan 7 Name of lender Out-of-state PAC(D#) Avid Cook			9 Loan Amount (\$) 471.25		.25
6 Is lender a financial Institution?	a financial (1.0 A		10 Interest rate 11 Maturity date			
12 Lender's Principal Occupation 13 Lender's Job Title Attorny			NA			
Attorny 14 Lender's EmployerLaw Firm Scit NA 15 Law Firm of lender's spouse (if any)						
16 If lender is child, law firm of parent(s) (if any)						
17 Description of Colla	ateral	18 Check if persons	al funds wère depos	ited into politic	al accoun	nt
19 GUARANTOR	20 Name of guarantor			22 Amount G	uarantee	ed (\$)
INFORMATION 21 Guarantor address; City; State; Zip Code		ELECTIONS AC	2014 JAN 22	TARRAHI		
23 Guarantor's Principal Occupation 24 Gu		24 Guarantor's Job	Title	35	725	ුපු
25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if			ny) RATO	65 65	~ (
27 If guarantor is child, law firm of parent(s) (if any)						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.				edule E(J):	
2 FILER NAME DUID WOK			3 ACCOUNT#	(Ethics Commission Filers)	
TOTAL OF UNITEMIZED LOANS: ⇔		\$ \$ \$	\$	\$ -	
5 Date of loan	5 Date of loan 7 Name of lender			9 Loan Amount (\$) 2500.00	
6 Islender a financial Institution? Y	a financial		10 Interest rate 11 Maturity date		
12 Lender's Principal (Occupation	13 Lender's Job Titl	A ; 1	√	
14 Lender's Employer/	A HANLY Law Firm	15Law Firm of lend	HolMy er's spouse (if any)		
16 If lender is child, law	Willim of parent(s) (if any)	/	V V		
17 Description of Colla	teral	18 Check if personal funds were deposited into political account			
none				BY EL 2	
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Am Unt Guaranteed (5)	
not applicable	21 Guarantor address; City; State	e; Zip Code		FILED ANT COU 122 AN S ADMINIST	
23 Guarantor's Princip	al Occupation	24 Guarantor's Job	Title	8: 00 RATO	
25 Guarantor's Employ	yer/Law Firm	26 LawFirm of gua	rantor's spouse (If a		
27 If guarantor is child, law firm of parent(s) (if any)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

P.O. Box 12070

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.			redule E(J):	
2 FILER NAME	Devd look		3 ACCOUNT#	(Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS: ⇔	⇒ ⇔ ⇔	⇒ ⇒	\$ 2000
5 Date of loan	7 Name of lender out-of	-state PAC (ID#:		9 Loan Amount (\$)
6 Islender a financial Institution?	8 Lender address; City; State; Zip 1608 A port Fuy, Sk 300	Bedford TX	76022	10 Interest rate
Y N	:		·	11 Maturity date
12 Lender's Principal (1 Horney	13 Lender's Job Tit	HUMAY	
14 Lender's Employer	Law Fign	15Law Firm of lend	ler's spouse (Ifany)	
16 if lender is child, la	w firm of parent(s) (If any)		7,	
17 Description of Colla	iteral	18 Check if persons	al funds were depos	ited into political account
none				30 rm 020
19 GUARANTOR INFORMATION	20 Name of guarantor 21 Guarantor address; City; Stat	e; Zip Code		22 Amount Guaranteed (\$)
not applicable				SOMINIS
23 Guarantor's Princip	al Occupation	24 Guarantor's Job	Title	8. 0. THY
25 Guarantor's Emplo	yer/Law Firm	26 LawFirm of gua	rantor's spouse (if a	
27 If guarantor is child	, law firm of parent(s) (if any)			
if lende	ATTACH ADDITIONAL COPIES of is out-of-state PAC, please see instruc			requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense	_	Salaries/Wages/Co		an Repayment	Reimbursement	
Accounting/Banking	•	Solicitation/Fundral			uipment & Relate	d Expense
Consulting Expense	•	Travel In District	5 ,		nations Made By	npo.100
Event Expense	• .	Travel Out Of Distr			iceholder/Political	Committee
Fees	•	Office Overhead/Re			ategory not lister	
	The Instruction Guide		•	-		
	The manaction during	explains now to c	ompiete this rollin	· · · · · · · · · · · · · · · · · · ·		
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUN	IT # (Ethics Comm	nission Filers)
1.12	1 1000 1/26					
4 Date	5 Payee name					
with That		* Acción	1.0			
SETTO (1911)		& Associa				
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code	Autin TX	1/27 21	35 (23)	
	815-A Rrazos SH	21 4304	Auth TX	18101	ELEC.	100
5145.00	D13-14 121003 314		, , , , , , , , , , , , , , , , , , , ,		. 6	g arms and a second
3 1 13.0					= (7)	_ 30
					<u> </u>	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If	travel outside of Te		ulety
OF	A 1 2 3 1 1 7 7		0	Caralia	>1	2
EXPENDITURE	Afternish Expense		POHING	i Consultil	y qe	, cong
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office h	eld==
expenditure to benefit C/O			3		59	
					1	- co - ::-
Date	Pa y ee name				5	4.1
8116	M. a. Marca & A.	Carlotes			ATO	8 -<
0110	Muphy Nosia & Appage address; City; Sta	10C'414			<u> </u>	
Amount (\$)	Payee address; City; Sta	te; Zip Code	2 20	1. 1	, †	
	Payee address; City; Sta 815-A Brozos Street	L an Intel 1	wan TV 18.	/D(,	
354.D	815-A 150000 STOCK	a de son bi	Millin I. X			
531.0	-					
PURPOSE	Category (See categories list exact the top	of this schedule)	Description (travel outside of Te	xas, complete Sched	lule T)
OF	A Martin	•	Lari	Care Hale	\$ only	lal.
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Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office h	eld
		expenditure to benefit C/OH				
	H Pa y ee name	A _ 1	and the state of t		Millionski mer mulikaria karantaria.	
expenditure to benefit C/C	H Pa y ee name	Accoriates			generali de la companya de la compa	
Date 12 11 13	Payee name MucOha Nési (4)	Associates				
expenditure to benefit C/C	Payee name MucOha Nési (4)	Associates te; Zip Code	41 41			
Date 12 11 13	Payee name MucOha Nési (4)	Associates te; zip code # 369 And	hn Td 7876	31		the second secon
Date 12 11 13	Payee name Mul Nosi (4) Payee addless: City; Sta	Associates te; zip Code # Jun Aus	hn Td 7870	31		
Date 12 11 13	Payee name MucOha Nési (4)	Associates te; zip Code # Jun Aus	hn Td 7876	51		
Date 2 1 13 Amount (\$)	Payee name Murphy Nosi a & A Payee addless: City; Sta 815-A Brows Sycul	te; Zip Code 群别 Au			exas, complete Sched	dule T)
Date 2 1 13 Amount (\$) PURPOSE	Payee name Multiply Nosi (a t) Payee addless: City; Sta 815 - A Stocks Sycult Category (See categories listed at the top	te; Zip Code # 3v4 Au- ofthis schedule)	Description (travel outside of To	exas, complete Scheo	sule T)
expenditure to benefit C/C Date 2 1 13 Amount (\$) PURPOSE OF	Payee name Multiply Nosi (a t) Payee addless: City; Sta 815 - A Stocks Sycult Category (See categories listed at the top	te; Zip Code # 3v4 Au- ofthis schedule)	Description (travel outside of To	exas, complete Scheo	sule T)
Date 2 1 13 Amount (\$) PURPOSE	Payee name Mulphy Nosi (a &) Payee addless: City; Sta 815 - A Stocos Street Category (See categories listed at the top Consultry 4 Adjusticity	te; Zip Code # 3v4 Au- ofthis schedule)	Description (travel outside of To	Alesto	y Nem Yess
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PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Mulphy Nosi (a t) Payee addless: City; Sta 815 - A Stocks Struct Category (See categories listed at the top Consulting 4 Adwhsity Candidate / Officeholder name	te; Zip Code # Jun Au- ofthis schedule) Expunh	Description (i	travel outside of To	Alesto	y Nem Yess
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PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Payee name Mulphy Nosi (a t) Payee addless: City; Sta 815 - A Stocks Street Category (See categories listed at the top Consulting A Adwhsity Candidate / Officeholder name Payee name Payee address: City; Sta	te; Zip Code # Jun Au of this schedule) Expende	Description (1) Consulting Office sought	travel out side of Ti	Alesto	y Nem tess
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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/K Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor raising Expense Contributions/Donations Made By strict Contributions/Donations Made By Candidate/Officeholder/Political Committee //Rental Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
1 Total pages Schedule F:	2 FILER NAME DANT WOK	3 ACCOUNT # (Ethics Commission Filers)
12 9	5 Payee name Toment County Republian	Porty
6 Amount (\$)	7 Payee address; City; State, Zip Code 2405 Gravel Dr Ff WWM	TT 76118
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Event Expense	Lincoln Day Winner to Dk
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	M STANTOR
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

OUTSTAN	IDING LOANS	SCHEDULE L
The !	nstruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME	Dan't Cook	3 ACCOUNT # (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender Day Cwk 5 Lender address; City; State; Zip Code 1601 All part Fuy Sk 300 Belled TX 7	21072
GUARANTOR INFORMATION	6 Name of guarantor	
not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; Clty; State; Zip Code	, , , , , , , , , , , , , , , , , ,
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	3 N 2 N 2 N 2 N 2 N 2 N 2 N 2 N 2 N 2 N
	Lender address; City; State; Zip Code	AN COL
GUARANTOR INFORMATION	Name of guarantor	110g
not applicable	Guarantor address; Clty; State; Zip Code	
LENDER INFORMATION	Name of lender	
	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







22)

\$1.32 00083948-00



TC Ekctions Center 2700 Premier St For Worth TX 76111