

# 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)                   | 2 Total pages filed:<br><div style="text-align: center; font-weight: bold;">6</div> |  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br><div style="text-align: center;">Mrs.</div>   | FIRST<br><div style="text-align: center;">Storey</div>  | MI<br><div style="text-align: center;">L</div>                                      | <div style="text-align: center; font-weight: bold; border: 1px solid black; padding: 2px;">OFFICE USE ONLY</div> <div style="padding: 5px;">Date Received<br/><br/><div style="font-size: 1.2em; color: blue;">11/17/24</div><div style="font-size: 1.2em; color: blue;">D. Barkley</div><div style="font-size: 1.2em; color: blue;">City Secretary's office</div></div> <div style="padding: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> </div> <div style="padding: 5px;">Date Processed</div> <div style="padding: 5px;">Date Imaged</div> |
|  | NICKNAME   | LAST<br><div style="text-align: center;">Cook</div>     | SUFFIX  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><div style="border: 1px solid black; height: 1.2em; width: 100%; background-color: black; margin-top: 5px;"></div> | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><div style="text-align: center; margin-top: 5px;">Woodway TX 76712</div>   |   |   |  |
| <input type="checkbox"/> Change of Address   |  |   |   |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE<br>( 254 )   | PHONE NUMBER<br>716-2206                                | EXTENSION   |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br><div style="text-align: center;">Mrs.</div>   | FIRST<br><div style="text-align: center;">Caitlyn</div> | MI  |  |
|  | NICKNAME   | LAST<br><div style="text-align: center;">Remson</div>   | SUFFIX  |  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><div style="text-align: center; margin-top: 5px;">Woodway TX 76712</div>  |   |   |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br>( 214 )   | PHONE NUMBER<br>707-7611                                | EXTENSION   |  |
| 9 REPORT TYPE  | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> |   |   |  |
| 10 PERIOD COVERED  | <div style="display: flex; justify-content: space-between;"> <div>Month Day Year<br/>07 / 16 / 2023</div> <div>THROUGH</div> <div>Month Day Year<br/>01 / 15 / 2024</div> </div>   |   |   |  |
| 11 ELECTION  | <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE<br/>Month Day Year<br/>05 / 04 / 2024 </div> <div style="width: 60%;"> ELECTION TYPE<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> Runoff   <input type="checkbox"/> Other Description<br/> <input checked="" type="checkbox"/> General   <input type="checkbox"/> Special </div> </div>   |   |   |  |
| 12 OFFICE  | OFFICE HELD (if any)<br>Woodway City Council Member  |   | 13 OFFICE SOUGHT (if known)<br>Woodway City Council Member                          |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)  | <div style="font-size: 0.8em;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</div>   |   |   |  |
| <input type="checkbox"/> Additional Pages  | COMMITTEE TYPE   | COMMITTEE NAME  |   |  |
|  | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS                                       |   |  |
|  | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME                       |   |  |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |   |   |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

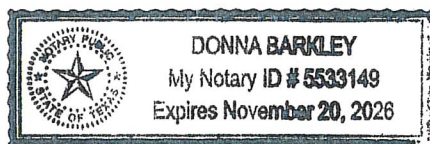
|                                    |   |  |
|------------------------------------|---|--|
| 15 C/OH NAME<br><u>Storey Cook</u> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS             | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0                                   |
|                                    | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 2,500                               |
| EXPENDITURE TOTALS                 | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 100                                 |
|                                    | 4. TOTAL POLITICAL EXPENDITURES   | \$ 421.64                              |
| CONTRIBUTION BALANCE               | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 2,500                               |
| OUTSTANDING LOAN TOTALS            | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0                                   |

18 SIGNATURE 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.

Storey Cook  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Storey Cook this the 17th day of January, 2024, to certify which, witness my hand and seal of office.

Donna Barkley Donna Barkley City Secretary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

Storey Cook

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |   |          |
|-----|---|----------|
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 2,500 |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$       |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$       |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$       |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 300   |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$       |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$       |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$       |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 21.64 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$       |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$       |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$       |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule A1: 1                    |
| 2 FILER NAME<br><b>Storey Cook</b>                        |  | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><b>12/11/2023</b>                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Barbara Grandy</b><br><hr/> 6 Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> <b>Woodway TX 76712</b> | 7 Amount of contribution (\$)<br><b>\$2,500</b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                   |

|   |   |                             |
|---|---|-----------------------------|
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions) |

|   |   |                             |
|---|---|-----------------------------|
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions) |

|   |   |                             |
|---|---|-----------------------------|
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions) |

**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 MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><div style="text-align: center;">1</div>     | <b>2</b> FILER NAME<br><div style="text-align: center;">Storey Cook</div>  | <b>3</b> Filer ID (Ethics Commission Filers)                                      |
| <b>4</b> Date<br><div style="text-align: center;">1/15/24</div>                   | <b>5</b> Payee name<br><div style="text-align: center;">Katygirlgoods</div>  |   |
| <b>6</b> Amount (\$)<br><div style="text-align: center;">\$300</div>              | <b>7</b> Payee address; City; State; Zip Code<br><div style="text-align: center;">305 Trailwood Dr Woodway TX 76712</div>  |   |
| <b>8</b><br><div style="text-align: center;">PURPOSE<br/>OF<br/>EXPENDITURE</div> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><div style="text-align: center;">Advertising Expense</div>                                | <b>(b)</b> Description<br><div style="text-align: center;">Campaign Artwork</div> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH               |  |   |
| Candidate / Officeholder name Office sought Office held                           |  |   |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)   | Description   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                        |  |   |
| Candidate / Officeholder name Office sought Office held                           |  |   |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)   | Description   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                        |  |   |
| Candidate / Officeholder name Office sought Office held                           |  |   |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)   | Description   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                        |  |   |
| Candidate / Officeholder name Office sought Office held                           |  |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br><div style="text-align: center;">1</div>  | <b>2</b> FILER NAME<br><div style="text-align: center;">Storey Cook</div>  | <b>3</b> Filer ID (Ethics Commission Filers)                                     |
| <b>4</b> Date<br><div style="text-align: center;">1/15/24</div>   | <b>5</b> Payee name<br><div style="text-align: center;">Office Depot Store #155</div>  |  |
| <b>6</b> Amount (\$)<br><div style="text-align: center;">\$21.64</div><br><input type="checkbox"/> Reimbursement from political contributions intended  | <b>7</b> Payee address;<br><div style="display: flex; justify-content: space-between;"><div>5524 Bosque Blvd</div><div>Waco</div><div>TX</div><div>76710</div></div> |  |
| <b>8</b><br><div style="text-align: center;"><b>PURPOSE<br/>OF<br/>EXPENDITURE</b></div>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><div style="text-align: center;">Printing Expense</div>                                   | <b>(b)</b> Description<br><div style="text-align: center;">Campaign Poster</div> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div> |  |  |

|  |   |             |  |
|--|---|-------------|--|
| Date   | Payee name  |             |  |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended  | Payee address;<br><div style="display: flex; justify-content: space-between;"><div></div><div>City;</div><div>State;</div><div>Zip Code</div></div>       |             |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)  | Description |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div> |   |             |  |

|  |   |             |  |
|--|---|-------------|--|
| Date   | Payee name  |             |  |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended  | Payee address;<br><div style="display: flex; justify-content: space-between;"><div></div><div>City;</div><div>State;</div><div>Zip Code</div></div>       |             |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)  | Description |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div> |   |             |  |

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