

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="text-align: center; font-size: 2em;">7</div>			
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Storey</b>	MI <b>L</b>	<b>OFFICE USE ONLY</b>  Date Received <b>4/26/24</b> <b>City Secretary's office</b>		
	NICKNAME	LAST <b>Cook</b>	SUFFIX			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE			
	<b>Woodway TX 76712</b>					
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>( 254 )</b>	PHONE NUMBER <b>716-2206</b>	EXTENSION	Date Hand-delivered or Date Postmarked		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Caitlyn</b>	MI <b></b>	Receipt #		
	NICKNAME	LAST <b>Remson</b>	SUFFIX	Amount \$		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; STATE; ZIP CODE		
	<b>Waco TX 76712</b>					
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>( 214 )</b>	PHONE NUMBER <b>707-7611</b>	EXTENSION	Date Processed		
<b>9 REPORT TYPE</b>	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
<b>10 PERIOD COVERED</b>	Month	Day	Year	Month	Day	Year
<b>04 / 04 / 2024 THROUGH 04 / 26 / 2024</b>						
<b>11 ELECTION</b>	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
<b>05 / 04 / 2024</b>			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Woodway City Councilmember</b>			<b>13 OFFICE SOUGHT (if known)</b> <b>Woodway City Councilmember</b>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	<b>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.</b>					
	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**

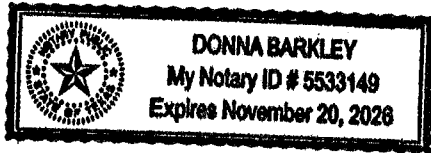
15 C/OH NAME Storey Cook		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 150
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 450
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 194.63
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,568.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 209.15
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 26<sup>th</sup> day of April, 2024, to certify which, witness my hand and seal of office.

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

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**

<b>19 FILER NAME</b>  Storey Cook	<b>20 Filer ID (Ethics Commission Filers)</b>
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	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 300
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,361.75
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 12.32
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

Storey Cook

3 Filer ID (Ethics Commission Filers)

4 Date

4/18/24

5 Full name of contributor

Bruce Allen

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

Woodway

TX

76712

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/18/24

Full name of contributor

Mike Holman

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

Woodway

TX

76712

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/24

Full name of contributor

Paul and Phyllis Hubbard

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$150

Contributor address;

City;

State;

Zip Code

Woodway

TX

76712

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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                        | 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Storey Cook	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/12/24	<b>5</b> Payee name Hole in the Roof
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<b>6</b> Amount (\$) \$346.95	<b>7</b> Payee address; 1125 Washington Ave.	City; Waco	State; TX	Zip Code 76701
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Door Hangers
	<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
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Date 4/12/24	Payee name Hole in the Roof
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Amount (\$) \$346.95	Payee address; 1125 Washington Ave.	City; Waco	State; TX	Zip Code 76701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense/ In-Kind Contribution	Description Door Hangers- Contribution to Ken Sury running for Woodway City Council, Ward 3 Place 1
	<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
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Date 4/24/24	Payee name US Postal Service Office
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Amount (\$) \$340.00	Payee address; 430 Highway 6	City; Waco	State; TX	Zip Code 76702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Postage Expense	Description Postcard Postage
	<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
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Storey Cook	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/25/24	<b>5</b> Payee name Hole in the Roof	
<b>6</b> Amount (\$) \$327.85	<b>7</b> Payee address; 1125 Washington Ave. City: Waco State: TX Zip Code 76701	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Postcards
	<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
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Date 4/25/24	Payee name Silas Nacita- Ten31Creative		
Amount (\$) \$500	Payee address; 2920 La Salle Ave City: Waco State: TX Zip Code 76706		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Videography Expense	Description Campaign Videos	
	<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
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Date 4/25/24	Payee name Silas Nacita- Ten31Creative		
Amount (\$) \$500	Payee address; 2920 La Salle Ave City: Waco State: TX Zip Code 76706		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Videography Expense/ In-Kind Contribution	Description Campaign Videos- Contribution to Ken Sury running for Woodway City Council, Ward 3 Place 1	
	<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
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# 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: <b>1</b>	<b>2</b> FILER NAME <b>Storey Cook</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/24/24</b>	<b>5</b> Payee name <b>Target</b>		
<b>6</b> Amount (\$) <b>12.32</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <b>5401 Bosque Blvd</b> City: <b>Waco</b> State: <b>TX</b> Zip Code: <b>76710</b>		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Mailing Expense</b>		<b>(b)</b> Description <b>Labels</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date _____	Payee name _____		
Amount (\$) _____ <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; _____ City: _____ State: _____ Zip Code _____		
<b>PURPOSE OF 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date _____	Payee name _____		
Amount (\$) _____ <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; _____ City: _____ State: _____ Zip Code _____		
<b>PURPOSE OF 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____ Office sought _____ Office held _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED