CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

· · · · · · · · · · · · · · · · · · ·						
The C/OH Instruction	Guide explains hov	to complete this form.	1 Filer ID (Ethics C	ommission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	***************************************	МІ	OFFICE	USE ONLY
NAME	Mrs.	Storey	•••••	L	Date Received	
	NICKNAME	LAST		SUFFIX	111111	och
4 CANDIDATE/	ADDRESS / PO BOX	Cook G APT / SUITE #; G	OTATE:	710 0005	1 4/4/	24
OFFICEHOLDER	ADDRESS / FO BOX	C, APT / SUITE #;	CITY; STATE;	ZIP CODE	do	24.
MAILING ADDRESS		\ <u>\</u>	Voodway TX	76712	N.Pa	ckly
Change of Address		taliya kasan 🗳	roodway 17.	70712		
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSI	ON	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER PHONE	(254)	716-2206				
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	Mrs.	Caitlyn			Date Processed	
TV/TIVIL	NICKNAME	LAST		SUFFIX	Data Inc.	
		Remson			Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / Si	UITE #; CITY;		STATE;	ZIP CODE
ADDRESS			Wa	100	TX	76712
(Residence or Business)		and a second				10712
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	ON		
PHONE	(214)	707-7611				`
9 REPORT TYPE	214 /					·
9 REPORT TIPE	January 15	30th day before el	lection Run	off	15th day aft treasurer ap (Officeholde	er campaign pointment
	July 15	8th day before ele	GUOTI	eeded Modified orting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	•
	01	/ 16 / 2024	THROUGH	04/	/ 04 / 202	4
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	05 / 04 /	2024	Special	874.W. L. IV.		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	OUGHT (if known)	
	W oodway C	ity Councilmember	Woodw	ay City Cou	ncilmember	
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / OFFIC	EE OF POLITICAL CONTRIBUTIONS / EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIRE	MAY HAVE REEN MADE W	VITHOLIT THE CANE	NOATE'S OR OFFICEUOL	DEDIC VHOME PROF OF
COMMITTEL(3)	COMMITTEE TYPE	COMMITTEE NAME				,
Additional Pages	GENERAL	COMMITTEE ADDRESS			,	
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASIIDED ADDRESS			
		TOMMETTEE OAMPAIGN IRE	MONER ADDRESS			
		GO TO I	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Sto	rey Cook 16	Filer ID (Ethics Commission Filers)
	indig octor	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 190
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,268.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ o
	4. TOTAL POLITICAL EXPENDITURES	\$4,824.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	¥ \$ 2,221.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
18 SIGNATURE I sv	vear, or affirm, under penalty of penjury, that the accompanying report is true and	correct and includes all information
req	uired to be reported by me under Title 15, Election Code.	HOMEHADIA III CECCES AN ANCHINE
	ttoress (nok)
	Signature of Candida	ite or Officeholder
	U	
		·
	Please complete either option below:	
1) Affidavit	JENNIFER ELIZABETH ROGERS My Notary ID # 132897472 Expires January 28, 2025	
NOTARY STAMP/SEAL		
ALU	hich, witness my hand and seal of office. Uzabeth Roces Jennifer Etrabeth Roges	th day of April. Notary Public
ignature of officer administerir	A CHARLES CHARLES	
		Title of officer administering oath
	OR	
2) Unsworn Declaration	1	
ly name is	, and my date of birth is	,
	, and my date of pirm is	
The state of the s		,
recuted in	(street) (city) (state)County, State of, on theday of(month)	(zip code) (country), 20 (year)
	Signature of Candidate/O	fficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics 0	Commission Filers)		
	Storey Cook	. ,		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,760.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 408.25		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	4. SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,824.75		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	^{\$} 195.85		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		

SCHEDULE A1

If the requested information is not applicable, DO NOT include

	e Instruction Guide explains ho	w to complete th	s form.		1 Total pages Schedule A1:
FILER NAM	E Storey Cook				3 Filer ID (Ethics Commission Filers
Date 1/17/24	5 Full name of contributor Sandi Remson	out-of-state P/	C (ID#:)	7 Amount of contribution (\$)
1/11/2-4	6 Contributor address;	City;	State;	Zip Code ,	\$100
		Woodway	TX	76712	
Principal occ	upation / Job title (See Instructions	;)	9 Emp	loyer (See Instruct	tions)
Date	Full name of contributor	uut-of-state PA	C (ID#;		Amount of contribution (\$)
1/17/24	Whitney McHenry Contributor address;	City;	State;	Zip Code	\$250
•		Woodway	TX	76712	
Principal occu	pation / Job title (See Instructions)		Empl	loyer (See Instructi	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)
	Allison Green	******************	• • • • • • • • • • • • • • • • • • • •		
1/17/24	Contributor address;	City;	State;	Zip Code	\$100
		Woodway	TX	76712	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instructi	ons)
Date	Full name of contributor Kent McKeever	out-of-state PAC	: (ID#:)		Amount of contribution (\$)
/17/24	Contributor address;	City;	State;	Zip Code	\$100
		Woodway	TX	76712	
Principal occup	pation / Job title (See Instructions)	·	Emplo	oyer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

	he Instruction Guide explains how	to complete thi	s form.		1 Total pages Schedule A1:
FILER NAM	Storey Cook				3 Filer ID (Ethics Commission Filers
Date 5 Full name of contributor				7 Amount of contribution (\$)	
1/17/24	6 Contributor address;	City;	State;	Zip Code	\$30
**		Woodway	TX	76712	
Principal oc	cupation / Job title (See Instructions)		9 Emp	oloyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
1/18/24	William Swartz		0 40404040404040	<u> </u>	
., 10,2	Contributor address;	City;	State;	Zip Code	\$150
		Woodway	TX	76712	
Principal occi	upation / Job title (See Instructions)		Empl	oyer (See Instructi	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
2/22/24	Carla and Van Gray		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	or courting (a)
122124	Contributor address;	City;	State;	Zip Code	\$400
		Woodway	TX	76712	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruction	ons)
Date	Full name of contributor	out-of-state PAC	(ID#:'_)	Amount of contribution (\$)
/1/24	Kaitlyn and David Mercer		D/D/00/D/00/D/00/D/00/D/00/D/00/D/00/D	000x1x1x1x1x1x1x1x1x1x1x1x1x1x1x1x1x1x1	(4)
	Contributor address;	City;	State;	Zip Code	\$2,500
		Woodway	TX	76712	
rincipal occu _l	pation / Job title (See Instructions)		Emplo	oyer (See Instruction	ons)
	Builder/Contractor		· ·	Merck G	eneral Contracting

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

SCHEDULE A1

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

The	e Instruction Guide explains how	/ to complete this	s form.		1 Total pages Schedule A1:	
2 FILER NAME	Storey Cook				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Barbara Wilson	out-of-state PAG)	7 Amount of contribution (\$)	
3/5/24	6 Contributor address;	City;	State;	Zip Code	\$25	
		Woodway	TX	76712		
8 Principal occu	upation / Job title (See Instructions)		9 Emp	oloyer (See Instruc	rtions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$) .	
3/7/24	Graham Cook	· ••••••••••••••••••••••••••••••••••••	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ADVIVINIVANIA DADVINI VINIKA NAVINA NAVI	(4)	
	Contributor address;	City;	State;	Zip Code	\$5	
		Woodway	TX	76712	·	
Principal occup	pation / Job title (See Instructions)		Employer (See Instructions)			
Date	Full name of contributor	out-of-state PAC	; (ID#:		Amount of contribution (\$)	
3/7/24	Larkin Timmerman	MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	4XXXXXXXXXXXXX	0XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	Contributor address;	City;	State;	Zip Code	\$25	
		Woodway	TX	76712		
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruct	tions)	
Date	Full name of contributor	☐ out-of-state PAC	(ID#:)	Amount of contribution (\$)	
3/9/24	Ron and Sara Cook	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		*	
	Contributor address;	City;	State;	Zip Code	\$100	
		Hewitt	TX	76643		
Principal occup	ation / Job title (See Instructions)		Empl	oyer (See Instruct	tions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	***					-
	The	Instruction Guide explains how	to complete thi	s form.		1 Total pages Schedule A1:
2	FILER NAME	Storey Cook				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor Marci Roe	out-of-state PA)	7 Amount of contribution (\$)
	3/10/24	6 Contributor address;	City;	State;		\$25
			Frisco	TX	75036	
8	Principal occu	pation / Job title (See Instructions)		9 Em	oloyer (See Instruc	fions)
	Date	Full name of contributor	out-of-state PAC	; (IC#:	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)
	3/18/24	Kary Lalani Contributor address;	City;	MMMMM State;	Zip Code	\$250
			Woodwa	y TX	76712	
	Principal occup	ation / Job title (See Instructions)		Emp	loyer (See Instruct	ions)
	Date		Out-of-state PAC	(ID#:		Amount of contribution (\$)
	3/20/24	Katherine Haynes Contributor address;	City;	MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000000000000000000000000000000000	\$100
			Woodway	TX	76712	
	Principal occupa	ation / Job title (See Instructions)	·	Emp	loyer (See Instruct	ions)
	Date	Full name of contributor Lynsie Gomez	Out-of-state PAC	(IO#:		Amount of contribution (\$)
	3/28/24	Contributor address;	MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	State;	Zip Code	\$25
			Hewitt	TX	76643	
F	rincipal occupa	ition / Job title (See Instructions)		Empl	oyer (See Instructi	ons)
						:

SCHEDULE A1

					• ***
Tř	he Instruction Guide explains ho	w to complete th	is form.		1 Total pages Schedule A1:
2 FILER NAM	Storey Cook				3 Filer ID (Ethics Commission Filers)
4 Date 4/3/24	5 Full name of contributor Kent Reynolds	Out-of-state P			7 Amount of contribution (\$)
470724	6 Contributor address;	City;	State;	Zip Code	\$100
***************************************		Belton	TX	76513	
B Principal occ	cupation / Job title (See Instructions)	9 Emp	loyer (See Instruc	tions)
Date	Full name of contributor	Out-of-state PA	C (10#:		Amount of contribution (\$)
4/3/24	Hector Retta		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		(a)
	Contributor address;	City;	State;	Zip Code	\$50
Dringing I access		El Paso	TX.	79902	
Fincipal occu	pation / Job title (See Instructions)		Empl	oyer (See Instructi	ions)
Date	Full name of contributor	Out-of-state PAG) (ID#:		Amount of contribution (\$)
4/3/24	Silas Ragsdale	MAXIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(20XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(4)
	Contributor address;	City;	State;	Zip Code	\$100
B. 1	· Language and the state of the	Childress	XT	79201	
Luucibal occri	pation / Job title (See Instructions)		Emple	oyer (See Instructi	cns)
Date	Full name of contributor	Out-of-state PAC	(ID#:		Amount of contribution (\$)
4/3/24	Alan Brown	***********************	XXXXXXXXXXXXX	ZAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	Contributor address;	City;	State;	Zip Code	\$100
Principal negun	ortina / Joh Killa (Co. al Late	Tyler	TX	75701	
i intripat occup	pation / Job title (See Instructions)	The state of the s	Emplo	yer (See Instruction	ons)
	•				

SCHEDULE A1

	The	Instruction Guide explains how	to complete thi	s form.		1 Total pages Schedule A1:
2	FILER NAME	Storey Cook				3 Filer ID (Ethics Commission Filers)
4	Date 4/3/24	5 Full name of contributor George Cowden	Out-of-state PA) (4)	7 Amount of contribution (\$)
		6 Contributor acidress;	City;	State;	Zip Code	\$100
			San Antoni	o TX	78248	
8	Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
	Date	Full name of contributor Kim and Gene Wilkes	Out-of-state PA	C (ID#:)	Amount of contribution (\$)
	4/3/24		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XVIXIOXOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	0.40.044.004.004.004.004.004.004	
	770724	Contributor act cress;	City;	State;	Zip Code	\$100
			Plano	TX	75023	
	Principal occup	ation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
	Date	Full name of contributor	Out-of-state PAC	C (10章:		Amount of contribution (\$)
	4/3/24	Neal Knighton	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	0 00000000000000000000000000000000000	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Table Control (W)
	710127	Contributor acticiress;	City;	State;	Zip Code	\$25
	Distriction		Waco	TX	76708	
	Principal occup	ation / Job title (See Instructions)		Emplo	yer (See Instruc	tions)
	Date	Full name of contributor	Out-of-state PAC	(10#:		Amount of contribution (\$)
	ŀ		D OXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
		Contributor address;	City;	State;	Zip Code	,
				•		
F	Principal occupa	ation / Job title (See Instructions)		Emplo	yer (See Instruct	ions)

		·				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The state of the s	ae tilis page	m the report.			
T	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	dule A2:		
2 FILER NAM	Storey Cook		3 Filer ID (Ethics Co	ommission Filers)		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
	6 Full name of contributor	Zip Code 76712	Contribution \$ \$408.25	I g In-kind contribution I description I Event Food/Beverage I l Ide of Texas. Complete Schedule T. AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outsic	de of Texas. Complete Schedule T. AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
· (f	ATTACH ADDITIONAL COPIES OF THe contributor is out-of-state PAC, please see instruction	IIS SCHEDUL n guide for a	E AS NEEDED	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

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	rransportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	ns how to complete this form.	,
1 Total pages Schedule F1:	2 FILER NAME Storey Cook		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/24	5 Payee name Hole in the Roof		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$110.00	1125 VV ashington Ave.	Waco	TX 76701
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign B	uttons
	(c) Check if travel outside of Texas. Complete Se	chedule T. Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/12/24	Hole in the Roof		
Amount (\$)	Payee address;	City;	State; Zip Code
\$3,435.00	1125 VV ashington Ave.	Waco	TX 76701
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Yard Signs	
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi-	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/12/24	Hole in the Roof		
Amount (\$)	Payee address;	City;	State; Zip Code
1,023.30	1125 W ashington Ave.	Waco	TX 76701
	Category (See Categories listed at the top of this sc	hedule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Large Cam	paign Signs
	Check if travel outside of Texas. Complete Sch	nedule T, Check if Austir	n, 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 NEE	DED

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 Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 2 Storey Cook 4 Date 5 Payee name Squarespace 6 Amount (\$) 7 Payee address; City; State; Zip Code 12.00 225 Varick Street New York City New York 10014	Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salarie	Travel Out Of District Other (enter a category not listed above)			
Storey Cook	orodic odrav dymoni	The Instruction Guide explains how t	o complete this form.			
Space Squarespace Square				3 Filer ID (Ethics C	ommission Filers)	
1/22/24 Squarespace Squa				<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Amount (\$) 7 Payse address; City; State; Zip Code					· ·	
12.00 225 Varick Street New York City New York 10014			City;	State;	Zip Code	
(a) Category (See Categories listed at the top of this schedule) (b) Description	、 ,				·	
PURPOSE EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	12.00	225 Varick Street	New York City	New York	10014	
Website Website Website Website Website Website Office holder Website Website	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
Complete QNLY if direct expenditure to benefit C/OH		Wahsita	Website Dom:	ain		
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 1/22/24, 2/21/24, 3/21/24 Amount (\$) Payee address; Candidate / Office bold at the top of this schedule) Purpose Expenditure to benefit C/OH Date 1/22/24, 2/21/24, 3/24 Amount (\$) Payee address; City; State; Zip Code New York City New York 10014 Description Monthly Fee- 3 months Candidate / Office bolder name Office sought Office sought Office held Office sought Office held Date 3/9/24-4/3/24 Amount (\$) Payee name Squarespace Amount (\$) Payee address; City; State; Zip Code Office sought Office held Office sought Office held Date 149.95 Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code New York City New York 10014 Category (See Categories listed at the top of this schedule) Purpose Of Expenditure to benefit c/OH Category (See Categories listed at the top of this schedule) Purpose Of Expenditure to benefit c/OH Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office sought Office held Candidate / Officeholder name Office sought Office sought Office held		AAGDSIG	Website Dom	AARDSITE DOLLIQILI		
Date Payee name		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	pense	
Amount (\$) Payee address; City: State: Zip Code 94.50 225 Varick Street New York City New York 10014 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Website Monthly Fee- 3 months Complete QNLX if direct expenditure to benefit C/OH Payee name 3/9/24-4/3/24 Squarespace Amount (\$) Payee address; City: State: Zip Code Payee address; City: State: Zip Code 149.95 225 Varick Street New York City New York 10014 Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Payee name Squarespace New York City New York 10014 Description Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			Office sought	0	ffice held	
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PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description	Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense	94.50	225 Varick Street	New York City	New York	10014	
Website Monthly Fee- 3 months		Category (See Categories listed at the top of this schedule)	Description			
Complete ONLY if direct expenditure to benefit C/OH Date 3/9/24-4/3/24 Amount (\$) Payee address; City; State; Zip Code 149.95 225 Varick Street New York City New York 10014 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held	OF	Website	Monthly Fe	Monthly Fee- 3 months		
Date		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
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PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description	Amount (\$)	Payee address;	City;	State;	Zip Code	
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OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Check if favel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description	,		
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expenditure to benefit C/OH		Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living e	kpense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought		Office held	
		ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NE	EDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli Credit Card Payment	Event Expense Fees Food/Beverage Expense e By Giff/Awards Advances	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expent Travel In District Travel Out Of District Other (enter a category not listed at the contract of the con
1 Total pages Schedule G		
1	Storey Cook	3 Filer ID (Ethics Commission Filers
4 Date	5 Payee name	
3/29/24	Slow Rise Slice House	
Amount (\$) 195.85	7 Payee address;	
		City; State; Zip Code
Reimbursement from political contributions intended	7608 Woodway Dr.	Woodway TX 76712
PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description
OF EXPENDITURE	Food/Beverage Expense	Lunch/Soda for Voter Registration Drive
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austin, TX, officeholder living expense
complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	
Reimbursement from political contributions intended		City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description
	Check if travel outside of Texas. Complete Schedul	leT. Charle H Australia TV and
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	leT. Check if Austin, TX, officeholder living expense Office sought Office held
Date	Payee name	
	Payee address;	City; State; Zip Code
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Amount (\$) Reimbursement from political contributions intended		
political contributions	Category (See Categories listed at the top of this schedu	
Reimbursement from political contributions intended PURPOSE OF	Category (See Categories listed at the top of this schedu Check if travel outside of Texas. Complete Schedule	le) Description