

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: 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
MS. SUSAN COOK		A.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	1600 EAST GATLIN CREEK RD. DRIFTWOOD, TEXAS 78619		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	695-9290	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
SUSAN COOK		A.	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	SAME AS ABOVE		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	695-9290	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	7	1	2022
THROUGH		Month	Day
		9	29
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 08 / 22		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		HAYS COUNTY COUNTY COMMISSIONER RT4	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
	<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		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 <u>SUSAN 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)	\$ 13,141.43
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,387.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5271.02
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.

Susan Cook
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is SUSAN COOK, and my date of birth is 12/28/1951.

My address is 1600 E. BATLIN CREEK ROAD, DRIFTWOOD, TX, 78619, USA.
(street) (city) (state) (zip code) (country)

Executed in HAYS County, State of TEXAS, on the 10 day of OCT, 20 22.
(month) (year)

Susan Cook
Signature of Candidate/Officeholder (Declarant)

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>SUSAN COOK</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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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: 6
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 27 SEPT 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENDA FREED	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 204 WALNUT SPRINGS LANE STONEWALL, TX		
8 Principal occupation / Job title (See Instructions) MUSICIAN		9 Employer (See Instructions) SELF
Date 26 SEPT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC LEIBROCK	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 802 WINFLO AUSTIN, TX 78703		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 15 SEPT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN EVANS	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1721 FOXFIRE ROUND ROCK, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 15 SEPT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AILEEN LIM	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 10655 SIGNAL HILL AUSTIN, TX 78737		
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) RETIRED

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

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: 6
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 25 AUG 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GINA FANT-SIMON	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 204 WINCHESTER DRIPPING SPRING, TX 78620		
8 Principal occupation / Job title (See Instructions) AV PRODUCER		9 Employer (See Instructions) SELF
Date 25 AUG. 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN ADAMS	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1005 OAK MEADOW DRIVE DRIPPING SPRINGS, TX 78620		
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions) DSISD
Date 25 AUG 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARGARET MILLS	Amount of contribution (\$) 60.00
Contributor address; City; State; Zip Code 1704 E. 40th AUSTIN, TEXAS 78702		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 24 AUG 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOIRA ZINN	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3822 MCGREGOR LANE DRIPPING SPRINGS, TX 78620		
Principal occupation / Job title (See Instructions) EVENT PRODUCTION		Employer (See Instructions) SELF
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 15 AUG 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILHELMINA COLON	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 4750 TRADEWINDS DRIVE PENSACOLA, FL. 32514		
8 Principal occupation / Job title (See Instructions) OFFICE ADMINISTRATOR		9 Employer (See Instructions) METHODIST CHURCH
Date 18 AUG 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANN DAVISON	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 1250 SPRINGLAKE DR. DRIPPING SPRUS, TX 78620		
Principal occupation / Job title (See Instructions) RETIRED EXECUTIVE		Employer (See Instructions)
Date 1 SEPT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD BALLADARES	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 17119 WESTVIEW TRAIL AUSTIN, TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 2 SEPT 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITH COFFEE	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 950 CAMINO DE RANCHO WIMBERLEY TX 78676		
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions)
Date 27 AUG 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM MCKINNEY	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code 840 BLAZEK DR. AUSTIN TX 78737		
Principal occupation / Job title (See Instructions) EXECUTIVE		Employer (See Instructions) NAT'L MENTOR HOLDINGS
Date 14 JULY 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYNTHIA FREEMAN	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 5009 MAYFAIR ST. BELLAIRE, TX 77401		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 5 AUG 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VISWANATHAN, JENNIFER AYEZ	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 603 BAYLAND AVE. HOUSTON, TX 77009		
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 13 SEPT 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS BOWER	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 465 CURRY ROAD SEGUIN, TX 78155		
8 Principal occupation / Job title (See Instructions) JOURNALIST		9 Employer (See Instructions) RETIRED
Date 9 SEPT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEIKO STANG	Amount of contribution (\$) 30.00
Contributor address; City; State; Zip Code 431 TURKEY HOLLOW WIMBERLEY, TX 78676		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6 SEPT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMIE PARSONS	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 307 HAZY HILLS LOOP DRIPPING SPRGS, TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4 SEPT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM BUNCH	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1307 OXFORD AVE. AUSTIN, TX 78704		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 6
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 24 AUG 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSEMARY PHILLIPS	7 Amount of contribution (\$) 400.00
6 Contributor address; City; State; Zip Code 15425 CEDARWOOD NAPLES, FL. #101 KNOXVILLE, TN		
8 Principal occupation / Job title (See Instructions) EDUCATOR		9 Employer (See Instructions) RETIRED
Date 24 AUG 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA CURTIS	Amount of contribution (\$) 20.22
Contributor address; City; State; Zip Code 150 SOUTH SHORE DR. BASTROP, TX 78602		
Principal occupation / Job title (See Instructions) POLITICAL ACTIVIST		Employer (See Instructions) SELF
Date 24 AUG 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN COOK	Amount of contribution (\$) 20.22
Contributor address; City; State; Zip Code 1600 E. GATLIN CREEK ROAD DIRTWOOD, TX 78619		
Principal occupation / Job title (See Instructions) GARDEN DESIGNER		Employer (See Instructions) SELF
Date 25 AUG 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORNA ERWIN	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code 151 ME DOUGLAS CV. DRIPPING SPRINGS, TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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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.

1 Total pages Schedule F1:	2 FILER NAME SUSAN COOK	3 Filer ID (Ethics Commission Filers)
4 Date 4 OCT 2022	5 Payee name BROOKLYN'S DOWN SOUTH	
6 Amount (\$) 68.58	7 Payee address; City; State; Zip Code 100 N. MAIN ST. BUDA, TX 78610	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE	(b) Description BRUNCH / POLITICAL CONSULTANT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name SUSAN COOK	Office sought CTY COMM'R
		Office held N/A
Date 22 SEPT 2022	Payee name JAN WESSON	
Amount (\$) 74.00	Payee address; City; State; Zip Code 1901 PROCHNOW RD. DRIPPING SPRINGS, TX 78620	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION EXPENSES	Description GASOLINE FOR SIGN WORK
	<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 SUSAN COOK	Office sought COUNTY COMM'R
		Office held N/A
Date 8 OCT 2022	Payee name STRIPE	
Amount (\$) 353.40	Payee address; City; State; Zip Code 510 TOWNSEND ST. SAN FRANCISCO, CA 94103	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION TRANSFER FEES	Description FUNDRAISING EXPENSES
	<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 SUSAN COOK	Office sought CTY COMM'R
		Office held N/A

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	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.

1 Total pages Schedule F1:	2 FILER NAME SUSAN COOK	3 Filer ID (Ethics Commission Filers)
4 Date 26 AUG 2022	5 Payee name ELIZABETH TREVIÑO	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 322 LAREDO ST. SAN MARCOS, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description SIGN WORK
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name SUSAN COOK	Office sought CTY COMM'R
		Office held N/A
Date 5 OCT 2022	Payee name MICHAEL JOHN MONTELONGO	
Amount (\$) 400.00	Payee address; City; State; Zip Code 4002 HWY 290 5701 MOPAC AUSTIN TX DRIPPING SPRINGS, TX 78620 78749	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description VIDEOS / PRINT MEDIA DESIGN
	<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 SUSAN COOK	Office sought CTY COMM'R
		Office held N/A
Date 3 OCT 2022	Payee name SENTENTIA VERA CULTURAL HUB	
Amount (\$) 422.18	Payee address; City; State; Zip Code 4002 HWY 290 DRIPPING SPRINGS, TX 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE RENTAL	Description CO-WORKING SPACE @ THE HUB
	<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 SUSAN COOK	Office sought CTY COMM'R
		Office held N/A

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	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.

1 Total pages Schedule F1:	2 FILER NAME SUSAN COOK	3 Filer ID (Ethics Commission Filers)
4 Date 26 SEPT '22	5 Payee name CONSTANT CONTACT	
6 Amount (\$) 47.97	7 Payee address; City; State; Zip Code 1601 TRAPELO ROAD WALTHAM MA. 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description TEXTS/EMAILS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name SUSAN COOK	Office sought CTY. COMM'R
		Office held N/A
Date 12 SEPT 2022	Payee name PRINT PLUS	
Amount (\$) 250.47	Payee address; City; State; Zip Code 222 HWY 290 W. DRIPPING SPRUS, TX 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description FORMS Y BUSINESS CARDS
	<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 SUSAN COOK	Office sought CTY COMM'R
		Office held N/A
Date 6 OCT 2022	Payee name ACME PARTNERSHIP	
Amount (\$) 1600.00	Payee address; City; State; Zip Code 3701 BEE CAVES ROAD SUITE 101 AUSTIN, TX 78746	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGNS / DRIFTWOOD
	<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 SUSAN COOK	Office sought CTY COMM'R
		Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SUSAN COOK	3 Filer ID (Ethics Commission Filers)
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4 Date 4 OCT 2022	5 Payee name STEVEN RIVAS
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6 Amount (\$) 1500.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name SUSAN COOK	Office sought CTY COMM'R	Office held N/A
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Date 16 SEPT	Payee name JANUS LEE
------------------------	--------------------------------

Amount (\$) 500.00	Payee address; City; State; Zip Code 815 W. SLAUGHTER LN. # 337 AUSTIN, TEXAS 78748
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description CAMPAIGN / SIGN EVENT WORK
	(c) <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 SUSAN COOK	Office sought CTY COMM'R	Office held N/A
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Date 28 SEPT 2022	Payee name LAMAR MEDIA CORP.
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Amount (\$) 4648.00	Payee address; City; State; Zip Code 7020 HWY 290 EAST AUSTIN, TX 78723
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description SIGN/BUDA
	(c) <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 SUSAN COOK	Office sought CTY COMM'R	Office held N/A
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

13/18

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.

1 Total pages Schedule F1:	2 FILER NAME SUSAN COOK	3 Filer ID (Ethics Commission Filers)
4 Date 15 JUNE 2022	5 Payee name PRINT PLUS	
6 Amount (\$) 125.94	7 Payee address; 222 HWY 290 WEST DRIPPING SPRINGS, TX 78620	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description DOCUMENTS TO BE FILED + NOTARIZATION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name SUSAN COOK HAYS CTY COMM'R	Office sought Office held N/A
Date 25 JULY 2022	Payee name PRINT PLUS	
Amount (\$) 35.25	Payee address; 222 HWY 290 WEST DRIPPING SPRINGS, TX 78620	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description SIGNS
	<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 SUSAN COOK HAYS CTY COMM'R	Office sought Office held N/A
Date 22 AUG 2022	Payee name ELIZABETH TREVIÑO	
Amount (\$) 500.00	Payee address; 322 LAREDO ST. SAN MARCOS, TX 78666	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description SIGN WORK
	<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 SUSAN COOK HAYS CTY COMM'R	Office sought Office held N/A

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14/18

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:	2 FILER NAME SUSAN COOK	3 Filer ID (Ethics Commission Filers)
4 Date 22 AUG 2022	5 Payee name 54TH STREET	
6 Amount (\$) 72.62	7 Payee address; 1303 I-35 NORTH	City; State; Zip Code SAN MARCOS, TX 78666
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	(b) Description DINNER w/ CAMPAIGN WORKERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 22 AUG 2022	Payee name TORCHY'S TACOS	
Amount (\$) 30.61	Payee address; 166 HARGRAVES DRIVE	City; State; Zip Code AUSTIN, TX 78737
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD	Description LUNCH w/ CAMPAIGN WORKERS
	<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 SUSAN COOK CTY COMM'R	Office sought Office held N/A
Date 24 AUG 2022	Payee name REGISTER.COM	
Amount (\$) 93.00	Payee address; 5335 GATE RKY JACKSONVILLE, FL 32256	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WEBSITE EXPENSES	Description WEBSITE SECURITY
	<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 SUSAN COOK	Office sought Office held CTY COMM'R N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:	2 FILER NAME SUSAN COOK	3 Filer ID (Ethics Commission Filers)
4 Date 24 AUG 2022	5 Payee name PRINT PLUS	
6 Amount (\$) 251.03	7 Payee address; City; State; Zip Code 222 HWY 290 W. DRIPPING SPRGS, TEXAS 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description BUSINESS CARDS + POSTERS + DESIGN WORK
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name SUSAN COOK	Office sought CTY COMM'R
		Office held N/A
Date 25 AUG 2022	Payee name REGISTER.COM	
Amount (\$) 156.04	Payee address; City; State; Zip Code 5335 GATE PKWY JACKSONVILLE, FL JACKSONVILLE, FL 32256	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WEBSITE EXPENSES	Description DOMAIN REGISTRATION + MARKETING
	<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 SUSAN COOK	Office sought CTY COMM'R
		Office held N/A
Date 26 AUG 2022	Payee name CONSTANT CONTACT	
Amount (\$) 38.37	Payee address; City; State; Zip Code 275 Wyman ADVERTISING STREET Waltham, MASS 02451 1601 Trapelo Road	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description TEXTS / EMAIL PROGRAM
	<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 SUSAN COOK	Office sought CTY. COMM'R
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:	2 FILER NAME SUSAN COOK	3 Filer ID (Ethics Commission Filers)
4 Date 5/18/22	5 Payee name HILL COUNTRY RANCH PIZZERIA	
6 Amount (\$) 26 AUG 2022	7 Payee address; City; State; Zip Code 598 HWY 290 WEST DRIPPING SPRING 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD	(b) Description DINNER w/ SIGN CREW
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name SUSAN COOK	Office sought CTY COMM'R
		Office held N/A
Date 3 OCT 2022	Payee name REGISTER.COM	
Amount (\$) 99.35	Payee address; City; State; Zip Code 5335 GATE PKWY JACKSONVILLE, FL 32256	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WEBSITE EXPENSES	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 SUSAN COOK	Office sought CTY COMM'R
		Office held N/A
Date 7 SEPT 2022	Payee name VISTAPRINT	
Amount (\$) 220.39	Payee address; City; State; Zip Code 275 Wyman Street Waltham Mass. 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description T-SHIRTS 7 COFFEE MUGS
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:	2 FILER NAME SUSAN COOK	3 Filer ID (Ethics Commission Filers)
4 Date 8 SEPT 2022	5 Payee name THE BUMPERSTICKER STORE	
6 Amount (\$) 138.56	7 Payee address; City; State; Zip Code W. 34th ST. AUSTIN, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description BUMPERSTICKERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name SUSAN COOK	Office sought CTY COMM'R
		Office held N/A
Date 22 SEPT 2022	Payee name HOME DEPOT	
Amount (\$) 39.92	Payee address; City; State; Zip Code 3730 (1-35) DRY HOLE DR. KYLE, TX 78640	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLITICAL ADVERTISING	Description TOOLS
	<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 SUSAN COOK	Office sought CTY COMM'R
		Office held N/A
Date 22 SEPT 2022	Payee name CRESTVIEW RV	
Amount (\$) 21.64	Payee address; City; State; Zip Code 15700 1-35 BUDA, TX 78610	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLITICAL ADVERTISING	Description TOOLS
	<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 SUSAN COOK	Office sought CTY COMM'R
		Office held N/A

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