

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 MS. SUSAN A	OFFICE USE ONLY Date Received Received OCT 31 2022 Elections Office	
	NICKNAME LAST SUFFIX COOK		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1600 EAST GATLIN CREEK ROAD DRIFTWOOD, TX 78619		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 695-9290	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI SELF	Receipt #	Amount \$
	NICKNAME LAST SUFFIX	Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE SAME AS ABOVE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 695-9290		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 30 / 2022 THROUGH 10 / 29 / 2022		
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 22	ELECTION TYPE <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 COMM'R	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

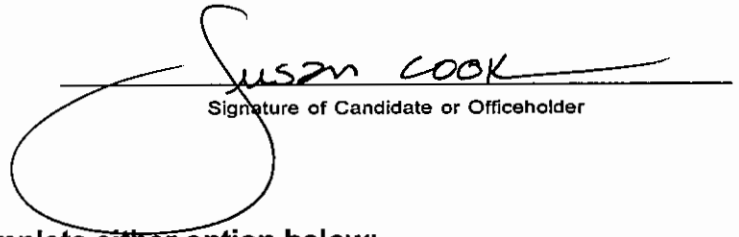
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 16,220.66
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,104.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9017.20
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.


 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 _____.
 My address is 1600 EAST GATLIN CREEK ROAD, DRIFTWOOD, TX 78619
(street) (city) (state) (zip code) (country)
 Executed in HAYS County, State of TEXAS, on the 31 day of OCT, 20 22.
(month) (year)


 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,220.66
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	\$ 13,104.33
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

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: 10 1/10
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 21 OCT 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAIL Y. GARY PIGG 6 Contributor address; City; State; Zip Code 2212 FLITE ACRES ROAD WIMBERLEY, TX 78676	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 19 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN LIPSCOMBE Contributor address; City; State; Zip Code 300 W. 15th ST. AUSTIN, TX 78701 / 6600 MESA DR. AUSTIN 78731	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 21 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY SANGER Contributor address; City; State; Zip Code 508 POWELL ST. AUSTIN, TX 78703	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 19 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANE Mc KOWN Contributor address; City; State; Zip Code 2401 REDFIELD PLANO, TEXAS 75025	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 10 2/10
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 18 OCT 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELISSA WARDER	7 Amount of contribution (\$) 40.00
6 Contributor address; City; State; Zip Code 130 GRANITE LN. AUSTIN, TX 78737		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 18 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURA PAYNE	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 709 WEST CREEK ROAD DRIPPING SPRINGS, TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 19 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES TUBBS	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code 12518 DARYL DRIVE BUDA, TX 78610		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEAN ROGERS	Amount of contribution (\$)
Contributor address; City; State; Zip Code (DUPLICATE)		
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: 10 3/10
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 8 OCT 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANDY SPITZER	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3401 FM 2325 WIMBERLEY, TX 78676		
8 Principal occupation / Job title (See Instructions) REAL ESTATE BROKER		9 Employer (See Instructions) COMPASS
Date 8 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILIP THOMAS	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 161 COUNTY RD. 3541 QUEEN CITY, TX 75572		
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions) RETIRED
Date 5 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS BOWER	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 465 CURRY ROAD SEGUIN, TX 78155		
Principal occupation / Job title (See Instructions) JOURNALIST		Employer (See Instructions) RETIRED
Date 3 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY ROSS TAYLOR	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code (DUPLICATE)		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

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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: 10 4/10
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 23 OCT 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM MCKINNEY	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 840 BLAZYK DRIVE AUSTIN, TX 78737		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 23 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEAN QUINN 3206 ROCKYTOP LN. CEDAR PARK, TX 78614	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code LIBERTY RANCHA ROAD BUDA, TEXAS 78610		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 24 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM GAMMON	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 901 S. MOPAC EXPY AUSTIN, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 24 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIXIE CAMP	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 3037 W. HWY 290 DRIPPING SPRINGS, TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 10 5/10
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 14 OCT 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEAN ROGERS	7 Amount of contribution (\$) 40.00
6 Contributor address; City; State; Zip Code 8807 VINEWOOD DALLAS, TX 75228		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAREY SMITH	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code 517 PRES COTT DR. GARLAND, TX 75041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 24 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL AULICK	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code 700 S. CREEKWOOD DR. DRIFTWOOD, TX 78619		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 24 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL MARCIN	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code BLUFF WOODS, DR. DRIFTWOOD, TX 78619		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: 10 6/10
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 14 OCT 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARILYN ADEN	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 176 LANDA ST. NEW BRAUNFELS, TX 78130		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 13 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK KIRKPATRICK	Amount of contribution (\$) 400.00
Contributor address; City; State; Zip Code 2415 SPEEDWAY 718 PATTERSON AUSTIN, TX 78712 AUSTIN 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10 OCT 17 OCT 24 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCINDA KAPRAL	Amount of contribution (\$) 20.22 20.22 20.22
Contributor address; City; State; Zip Code 14607 ECHO BLUFF AUSTIN, TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 23 OCT	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAT STARK	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8613 ACUARELA CT AUSTIN, TX 78735		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 10 7/10
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 6 OCT 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN KIRK MITCHELL	7 Amount of contribution (\$) 5000.00
6 Contributor address; City; State; Zip Code P.O. BOX 4023 AUSTIN, TX 78765		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 19 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRENCE y BONNIE TULL	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 16712 RIVEN DELL LN. AUSTIN, TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT RENNEKER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6703 LAKEWOOD BLVD. DALLAS, TX 75214		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 24 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T. CRAIG BENSON	Amount of contribution (\$) 400.00
Contributor address; City; State; Zip Code 1415 WALTHEN AV. AUSTIN, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 10 8/10
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 15 OCT 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILHEMINA COLON	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4750 TRADEWINDS DR. PENSA COLA, FL. 32514		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY ROSS TAYLOR	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 5000 MONTROSE BLVD #10-13 HOUSTON, TX 77006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANDY SPITZER	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3401 HWY 2325 / 302 CYPRESS LN. WIMBERLEY, TX 78676		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 22 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IRA YATES	Amount of contribution (\$) 900.00
Contributor address; City; State; Zip Code ESCARPMENT BLVD AUSTIN, TX 78745		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 10 9/10
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 18 OCT 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)		9 Employer (See Instructions)
Date 14 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE DAVISON	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1250 SPRINGLAKE DR. DRIPPING SPRINGS, TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 29 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL BUNCH	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1307 OXFORD AV. AUSTIN, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 21 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANET ADAMS	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 304 W. 37th STREET AUSTIN, TX 78705		
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: 10 10/10
2 FILER NAME SUSAN COOK		3 Filer ID (Ethics Commission Filers)
4 Date 17 OCT 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK TATOM	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 700 LONGVIEW CIRCLE DRIPPING SPRINGS, TX 78620		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9 OCT 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF & KARA SHAW	Amount of contribution (\$) 400.00
Contributor address; City; State; Zip Code 15605 R1212 WIMBERLEY, TX 78676		
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)
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)

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 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: 1 / 5	2 FILER NAME SUSAN COOLK	3 Filer ID (Ethics Commission Filers)
4 Date 29 Oct 2022	5 Payee name ALYSON BROWNSON-WELCH	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1200 E. GATLIN CREEK ROAD DRIFTWOOD, TX 78619	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description 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	Office sought Office held
Date 25 OCT 2022	Payee name CONSTANT CONTACT	
Amount (\$) 47.97	Payee address; City; State; Zip Code 1601 TRAPELO ROAD WALTHAM, MASS 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description EMAILS
	<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 25 OCT 2022	Payee name PRINT PLUS	
Amount (\$) 18.19	Payee address; City; State; Zip Code 222 W. HWY 290 DRIPPING SPRINGS, TX 78620	
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	Office sought Office held

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: 215	2 FILER NAME SUSAN COOK	3 Filer ID (Ethics Commission Filers)
4 Date 21 OCT 2022	5 Payee name HERC RENTAL	
6 Amount (\$) 1901.95	7 Payee address; City; State; Zip Code 14701 S IH-35 FRONTAGE BUDA, TX 78610	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRUCK RENTAL	(b) Description ADVERTISING EXPENSES
	(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 20 OCT 2022	Payee name HEB	
Amount (\$) 57.33	Payee address; City; State; Zip Code 598 E. HWY 290 W. DRIPPING SPRINGS, TEXAS 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD	Description VOLUNTEER GATHERING
	<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 19 OCT 2022	Payee name L2, INC.	
Amount (\$) 555.90	Payee address; City; State; Zip Code 18912 NORTH CREEK PKWY. BOTHELL, WA. 98011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description VOTER DATA
	<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

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: 3/5	2 FILER NAME SUSAN COOK	3 Filer ID (Ethics Commission Filers)
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4 Date 18 OCT 2022	5 Payee name LAMAR MEDIA CORP.
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6 Amount (\$) 5298.00	7 Payee address; 7020 HWY 290 EAST AUSTIN, TX 78723	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGN/OAK HILL
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name SUSAN COOK	Office sought	Office held
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Date	Payee name REGISTER.COM
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Amount (\$) 86.56	Payee address; 5335 GATE PKWY JACKSONVILLE, FL. 32256	City;	State;	Zip Code
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 24 OCT 2022	Payee name TREVOR ZAJAC
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Amount (\$) 500.00	Payee address; 16220 REMUDA TRAIL BUDA, TX 78610	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description VIDEO & SOCIAL MEDIA
	<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 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: 415	2 FILER NAME SUSAN COOK	3 Filer ID (Ethics Commission Filers)
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4 Date 19 OCT 2022	5 Payee name APEX POLITICAL CONSULTING
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6 Amount (\$) 2000.00	7 Payee address; City; State; Zip Code 400 GOLD AVE. SW STE. 650 ALBUQUERQUE, NM 87102
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description TEXTING PROGRAM
	(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
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Date 14 OCT 2022	Payee name GARLIC CREEK COUNTRY MARKET
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Amount (\$) 124.99	Payee address; City; State; Zip Code 970 FM 967 BUDA, TEXAS 78610
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION - RELATED	Description GASOLINE (ROLLING BILLBOARD #2)
	<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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Date 13 OCT 2022	Payee name MICHAEL JOHN MONTELANGO
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Amount (\$) 500.00	Payee address; City; State; Zip Code 5701 MOPAC EXPY AUSTIN, TX 78749
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description VIDEO WORK / SOCIAL MEDIA
	<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

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: 5/5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 11 OCT 2022	5 Payee name MICHAEL JOHN MONTELONGO
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6 Amount (\$) 500.00	7 Payee address; 5701 MOPAC EXPY AUSTIN, TEXAS	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description VIDEO y MEDIA 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	Office sought	Office held
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Date 4 OCT 2022	Payee name STEVE RIVAS
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Amount (\$) 1500.00	Payee address; 1006 BANISTER LN. AUSTIN, TX 78704	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MEDIA CONSULT	Description RETAINER
	<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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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	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
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