CAMPAIGI	N FINANC	E REPORT	·	COVER SHEET PG 1
The JC/OH Instruction	Guide explains ho	w to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY
NAME		David		Date Received
	NICKNAME	Cook	SUFFIX	FIL RRANT FEB 24 SIEVER
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE#; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked
change of address				Receipt # Comount
5 CANDIDATE/ OFFICEHOLDER PHONE				Date Processed
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST Shoshana	· MI	Date Imaged
NAME	NICKNAME	LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO I	PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE				
9 REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day 01 / 24 /	Year 14 THROUGH	Month Day 02 / 22	Year 14
11 ELECTION	Month ELECTION DATE	Year Primary 2014	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)
			County Crimina	al Court 1
GO TO PAGE 2				

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME David Cook			15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	S 24 F
	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME	M I I I I I I I I I I I I I I I I I I I
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 CONTRIBUTION TOTALS		L	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1800
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 34,164.49
CONTRIBUTION BALANCE	5. TOTAL F	DAY \$ 1100	
OUTSTANDING LOAN TOTALS	6. TOTAL F	THE \$ 4650	
18 AFFIDAVIT			perjury, that the accompanying report is formation required to be reported by me
Notary F My C	H ROBERTS PHILLIP Public, State of Texa ommission Expires une 26, 2017		didate or Officeholder
AFFIX NOTARY STAI			
Sworn to and subs	7 ,	me, by the said <u>DAVISE Cook</u> My, 20 14 , to certify which, witness m	this the y hand and seal of office.
Sarat H	Pullips	SARAH RPHILLIPS Notan	y Public, State of Tex
Signature of officer admir	nistering V oath	Print name of officer administering oath	Title of officer administering oath

P.O. Box 12070

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S (JUDICIAL	SCHEDULE A (J)			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A(4): 2 2 2			
2 FILER NAME	David Cook		3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Full name of contributor	J W Carlile				
	1600 Riverside Dr Fort Worth, TX. 76111		100			
9 Contributor's p	rincipal occupation Retired	10 Contributor's job t				
11 Contributor's e	mployer/law firm N/A	12 Law firm of contrib	butor's spouse (if any) N/A			
13 If contributor is a child, law firm of parent(s) (if any)						
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description(if applicable)			
2/22/14	Contributor address; City; State; Zip Code 1621 Oak Creek Dr. Hurst, TX 76054		\$1000 			
	nincipal occupation	Contributor's job t				
	ct Management		Manager butor's spouse (if any)			
If contributor is	N/A s a child, law firm of parent(s) (if any)		N/A			
Date	Full name of contributor	1	Amount of In-kind contribution			
	Misti Mitteis		contribution (\$) description(if applicable)			
2/1/14	Contributor address; City; State; Zip Code 6940 Red Bud Dr Flower Mound TX 75022		\$350 Photo Facial Cerificate for drawing			
Contributor's p	principal occupation Dwner Sedo Laser	Contributor's job t	(If travel outside of Texas, complete Schedule T)			
Contributor's employer/law firm Law firm of cor			tributor's spouse (if any)			
If contributor is	N/A s a child, law firm of parent(s) (if any)		IWA			
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE	AS NEEDED			

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

		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(JUDICIAL	.) BY:	SCHEDUSE A (J)		
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedble-A(J):		
2	FILER NAME	David Cook		3 ACCOUNT # (E	3 ACCOUNT # (Ethics Commission Filers)		
4 2/1	Date /14	 Full name of contributor		7 Amount of contribution (\$) \$350	8 In-kind contribution description (if applicable) Dallas Mavericks Tickets for drawing of Texas, complete Schedule T)		
9	Contributor's p	rincipal occupation	10 Contributor's job Sales M				
11	Contributor's e	mployer/law firm N/A	12 Law firm of contri	butor's spouse (if an	у)		
13	If contributor is	a child, law firm of parent(s) (if any)					
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)		
		Contributor address; City; State; Zip Code		(If travel outside	of Texas, complete Schedule T)		
Contributor's principal occupation Cont				tributor's job title			
	Contributor's e	mployer/law firm	Law firm of contributor's spouse (if any)				
	If contributor is	a child, law firm of parent(s) (if any)					
	Date	Full name of contributorout-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description(if applicable)		
				(If travel outside	of Texas, complete Schedule T)		
	Contributor's p	rincipal occupation	Contributor's job	title			
Contributor's employer/law firm			Law firm of contributor's spouse (if any)				
	If contributor is	a child, law firm of parent(s) (if any)					
	If cont	ATTACH ADDITIONAL COPIES O			ng requirements.		

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FO Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to con-		ontract Labor Loan Repayment/Reimbursement ising Expense Transportation:Equipment & Related Expe Contributions/Donations Made By rict Candidate/Officetoder/Political Comm			ated Expense Cal Committee
	The Instruction Guide expla	ins how to comple	te this form.		表 D マ	יור 🤝 ר
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT #	150	nmission Filers)
	David Cook					2 00
4 Date 1/24/14	5 Payee name Vital Signs and Graphics			:		,
6 Amount (\$) 594	7 Payee address; City; State; 2	Zip Code			,	
Reimbursement from political contributions intended	1403 Oak Knoll Dr Haltom City, 76117					
8 PURPOSE OF	(a) Category (See categories listed at the top of this	schedule) (b) [Description (If tra	vel outside of Texas	s, complete So	hedule T)
EXPENDITURE	Printing Expense		T-shirts	· · · · · · · · · · · · · · · · · · ·		1977.J. O
Date	Payee name					
2/10/14	Vital Signs and Graphics					
Amount (\$)	Payee address; City; State; Z	Zip Code				
Reimbursement from political contributions intended	1403 Oak Knoll Dr Haltom City, 76117					
PURPOSE OF	Category (See categories listed at the top of this	schedule) [Description (If tra	vel outside of Texas	s, complete So	hedule T)
EXPENDITURE	Printing Expense		Yard signs	3		
Date	Payee name					
1/24/14	Vistaprint					
Amount (\$)	Payee address; City; State; 2	Zip Code				
190.99 Beimbursement from political contributions intended	95 Hayden Avenue Lexington Lexington, MA, 02421					
PURPOSE	Category (See categories listed at the top of this s	schedule)	Description (If tra	vel outside of Texas	s, complete Sc	hedule T)
OF EXPENDITURE	Printing Expense		Banner, Stic	ckers, Bus C	ards	
Date 1/25/14	Payee name					-
	Facebook					
Amount (\$) 66.19	Payee address; City; State; 2	Zip Code				
Reimbursement from political contributions intended	1601 Willow Rd Menlo Park, CA 94025-14	152				
DUDDOSE	Category (See categories listed at the top of this	schedule) [Description (If tra	vel outside of Texas	s, complete Sc	hedule T)
PURPOSE OF EXPENDITURE	Advertising Expense			Ad/Promoti		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEE	DULE AS NEEI	DED		

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Cont Solicitation/Fundraisi Travel In District Travel Out Of District Office Overhead/Rent explains how to co	ract Labor ng Expense t tal Expense	OTHER (enter	Equipment & Food of the Condition of the	Related Ex e By olitical Cou	mmittee
			-			****	
1 Total pages Schedule G:	2 FILER NAME David Cook			3 ACCO	UNT # (Ethics (Commission	on Filers)
4 Date 1/31/14	5 Payee name Facebook				ATOR	?: 23	
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			1		
22.48		•					
Reimbursement from political contributions intended	1601 Willow Rd Menlo Park, CA 940)25-1452					
8 PURPOSE	(a) Category (See categories listed at the top	p of this schedule)	(b) Description	(If travel outside o	of Texas, complete	Schedule 1	Ē)
OF EXPENDITURE	Advertising Expense		Facebo	ook Ad/Pror	motion		
Date 2/1/14	Payee name Facebook				77 * 1 =47 = (1		
Amount (\$)	Payee address; City; Sta	ate; Zip Code			· •		
30.00	,,	, <u></u> p					
	1601 Willow Rd						
Reimbursement from political contributions intended	Menlo Park, CA 94025-1	452				V6.1	
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside o	f Texas, complete	Schedule T)
OF EXPENDITURE	Advertising Expense		Faceb	ook Ad/Pro	motion		
Date 2/10/14	Payee name Facebook						
Amount (\$) 31.33	Payee address; City; Sta	ate; Zip Code					
Reimbursement from political contributions intended	1601 Willow Rd Menlo Park, CA 94025-1	452					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside o	f Texas, complete	Schedule T)
OF EXPENDITURE	Advertising Expense		Facet	oook Ad/Pro	motion		
Date 2/11/14	Payee name Facebook						
Amount (\$) 48.03	Payee address; City; Sta	ate; Zip Code					
Reimbursement from political contributions intended	1601 Willow Rd Menlo Park, CA 94025-14	4 52					
DIIDDOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of	f Texas, complete	Schedule T)
PURPOSE OF EXPENDITURE	Advertising Expense		·	book Ad/Pr			
	ATTACH ADDITIONAL CO	OPIES OF THIS SC	HEDULE AS N	NEEDED			

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Expense Travel In District Co Polling Expense Travel Out Of District			Loan Repayment/Reimbursement Transportation/Equipment & Related Expense Contributions/Donations Made By Candidate/Officefolder/Political Committee OTHER (enter a category not limited above) m.			
1 Total pages Schedule G:	2 FILER NAME				IT # (Ethics	Commonic	A STATE STATE OF THE STATE OF T
1 Total pages conceded c.	David Cook			3 700001	THE PRICE		014
4 Date	E Payor name				- 53	==	20
2/13/14	5 Payee name Facebook				HA A O	12: 23	
6 Amount (\$)	7 Payee address; City; State	te; Zip Code			70		
47.69	1601 Willow Rd			1			
Reimbursement from political contributions intended	Menlo Park, CA 94025-1	452					
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (t) Description (I	f travel outside of T	exas, complete	Schedu	le T)
OF EXPENDITURE	Advertising Expense Facebook Ad/Promotion						
Date	Payee name	7.7.1			····		
2/15/14	Facebook						
Amount (\$)	Payee address; City; State	te; Zip Code					
42.71	1601 Willow Rd	•					
Reimbursement from political contributions intended	Menlo Park, CA 94025-1	1452					
PURPOSE	Category (See categories listed at the top o	of this schedule)	Description (I	f travel outside of T	exas, complete	Schedu	le T)
OF EXPENDITURE	Advertising Expense		Face	ebook Ad/Pr	omotion		
Date	Payee name						7"",7"
2/17/14	Facebook	-					
Amount (\$)	Payee address; City; State	te; Zip Code					
Reimbursement from political contributions intended	1601 Willow Rd Menlo Park, CA 94025-	1452					
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (f travel outside of T	exas, complete	Schedu	le T)
OF EXPENDITURE	Advertising Expense		Facel	book Ad/Pro	motion		
Date	Payee name			~~~			
2/19/14	Facebook				****		
Amount (\$)	Payee address; City; State	e; Zip Code					
40 Reimbursement from political contributions intended	1601 Willow Rd Menlo Park, CA 94025-	1452					
PURPOSE	Category (See categories listed at the top o	of this schedule)	Description (i	f travel outside of T	exas, complete	Schedul	le T)
OF EXPENDITURE	Advertising Expense		Faceb	oook Ad/Pro	motion		
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS NE	EEDED			

MADE FRO	M PERSONAL FUNI	JS			n 1~	
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense T Polling Expense T	Salaries/Wages/Coi Solicitation/Fundrais Fravel In District Fravel Out Of Distr Office Overhead/Re	ntract Labor L sing Expense T Crict ental Expense C	oan Repayment/Refransportation Equipontributions/Donat Candidate/Office	pment & Related ions Made By holder/Political	Committee
1 Total pages Schedule G:	2 FILER NAME	•		4	# (Ethics Commi	ssion Efform)
1-1-1-2-1-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1	David Cook			J ACCOUNT	* (41) 33 33	
4 Date 2/20/14	5 Payee name Facebook			1		
6 Amount (\$) 29.94 Reimbursement from political contributions intended	7 Payee address; City; State 1601 Willow Rd Menlo Park, CA 940	e; Zip Code 25-1452				
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule)	(b) Description (If travel outside of Texa	s, complete Schedu	ıle T)
OF EXPENDITURE	Advertising Expense Facebook Ad/Pro			romotion		
Date 2/22/14	Payee name Facebook					
Amount (\$) 50.02 Reimbursement from political contributions intended	Payee address; City; State 1601 Willow Rd Menlo Park, CA 9402	e; Zip Code 5-1452				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Advertising Expense	this schedule)		If travel outside of Texa		ile T)
	Barraga					
Date 2/3/14	Murphy Nasica and A	∖ssociates				
Amount (\$)	Payee address; City; State	e; Zip Code				
1000 Reimbursement from political contributions intended	815A Brazos St #304 Austin, TX 78701					
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texa	s, complete Schedu	ile T)
OF EXPENDITURE	Consulting Expense		Consultii	ng Monthly Re	tainer	
Date	Payee name				· · · · · · · · · · · · · · · · · · ·	
2/18/14	Murphy Nasica and Associates					
Amount (\$)	Payee address; City; State	; Zip Code				
30,391.11 Reimbursement from political contributions intended	815A Brazos St #304 Austin, TX 78701					
PURPOSE	Category (See categories listed at the top of	this schedule)	•	f travel outside of Texas	•	le T)
OF EXPENDITURE	Printing Expense		Creation postage	and mailing o	of mailer,	
	ATTACH ADDITIONAL COP	PIES OF THIS S	CHEDULE AS NE	EEDED		

	EXPENDITURE	CATEGORIES	OR BOY 8(a)	B EL 20	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor		oan Repayment/Rembursement	
Accounting/Banking	Legal Services	Solicitation/Fundrais		Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	Travel In District	• .	Contributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of Distri		Candidate/Officeholder/Political Committee	
Fees	Printing Expense	Office Overhead/Re	ental Expense C	OTHER (enter a category not listed above)	
	The Instruction Guide	explains how to c	omplete this forn	n. 물통 _ 유미	
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	_
	David Cook				
4 Date	5 Payee name	- VIII. 1 - VIII			
2/21/14	Murphy Nasica and	Associates		23	
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
1000					l
Reimbursement from	815A Brazos St #	304			
political contributions intended	Austin, TX 78701				
	(a) Category (See categories listed at the top	of this schedule)	(b) Description ((If travel outside of Texas, complete Schedule T)	
8 PURPOSE OF		or and somedate)			
EXPENDITURE	Consulting Expense	**************************************	Consul	Iting Monthly Retainer	
Date	Payee name				
A 1 (0)					_
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
Reimbursement from political contributions					
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PURPOSE	Category (See sories listed at the top	of this schedule)	Description ((If outside of Texas, complete Schedule T)	
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D-4-	Davida nama				ᄏ
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ite;			\neg
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PURPOSE	Category (See category les listed at the top	of this schedule)	Description	rel outside of Texas, complete Schedule T)	
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EXPENDITURE					
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Amount	Payee address; City; Sta	te; Zip Code		•	
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Reimbursement from political contributions					
intended					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, complete Schedule T)	コ
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	ATTACH ADDITIONAL CO	PIES OF THIS SO	CHEDULE AS NI	EEDED	

OUTSTA	NDING LOANS	SCHEDULE L
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME	David Cook	3 ACCOUNT # (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender David E Cook	MINFEB:24 STEVANT AY:
	5 Lender address; City; State; Zip Code 1608 Airport Freeway, STE 300 Bedford TX 76022	2 2 E
GUARANTOR INFORMATION	6 Name of guarantor	PN 12: 21
not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED