

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: **8**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr. David L.

NICKNAME

LAST

SUFFIX

Cook

OFFICE USE ONLY

Date Received

7-16-18 to
5:52 pm

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

309 E. Broad St. Mansfield, TX 76063

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 473-3332

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mrs. Tonya D.

NICKNAME

LAST

SUFFIX

Cook

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

309 E. Broad St., Mansfield, TX 76063

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 473-3332

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 Year

01 / 01 / 2018

THROUGH

Month Day Year

06 / 30 / 2018

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Mayor, Place 1

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

David L. Cook

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	<u>0</u>
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>0</u>
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EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	<u>0</u>
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4. TOTAL POLITICAL EXPENDITURES	\$	<u>13,600</u>
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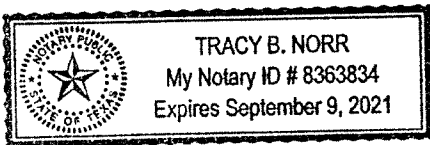
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<u>196,602.¹⁵</u>
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OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>0</u>
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18 AFFIDAVIT



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.

David L. Cook

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David L. Cook, this the 16th day of July, 2018, to certify which, witness my hand and seal of office.

Tracy B. Norr

Signature of officer administering oath

Tracy B Norr

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

David L. Cook

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	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,600
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1065	2 FILER NAME David L. Cook	3 Filer ID (Ethics Commission Filers)
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4 Date 1-18-18	5 Payee name Judge Judith Wells Campaign
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 173001, Arlington, TX 76003-3001
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution/Donation Made by officeholder	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-8-18	Payee name Lori DeAngelis Griffith Campaign
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1119 W. Pioneer Pkwy #107, Arvl, TX 76013
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-19-18	Payee name Ron Wright for Congress
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 5505 Overridge Dr., Arlington, TX 76017
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 20FS	2 FILER NAME David L. Cook	3 Filer ID (Ethics Commission Filers)
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4 Date 2-19-18	5 Payee name James B Munford Campaign
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 8970, Fort Worth, TX 76124
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Officeholder	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-22-18	Payee name Wendy Burgess for Tax Assessor
------------------------	---

Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 1900 Mansfield, TX 76063
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/22/18	Payee name T-C GOP
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 7524 Mosier View Ct. Fort Worth TX 76118
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

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: 3 of 5		2 FILER NAME David L. Cook		3 Filer ID (Ethics Commission Filers)	
4 Date 3-22-18		5 Payee name TC GOP			
6 Amount (\$) \$2,500.00		7 Payee address; City; State; Zip Code 7524 Mosier View Ct. Fort Worth, TX 76118			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Officeholder		(b) Description <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		Office sought	
		Office held			

Date 4/13/18		Payee name Judge Matt Heyes Campaign			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 900 N. Walnut Creek Dr. Mansfield, TX 76063			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Officeholder		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			

Date 4/23/18		Payee name Kenneth Newell Campaign			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 3420 Roberts Cut Off Road Fort Worth, TX 76114			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Officeholder		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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: **4 of 5** 2 FILER NAME: **David L. Cook** 3 Filer ID (Ethics Commission Filers)

4 Date: **4-23-18** 5 Payee name: **Commissioner Andy Nguyen Campaign**

6 Amount (\$): **\$1,000.00** 7 Payee address; City; State; Zip Code: **P.O. Box 151272, Arlington, TX 76015**

8 PURPOSE OF EXPENDITURE: **Contribution/Donation Made by officeholder**

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 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: **4-23-18** Payee name: **Manstfield Carrng Place**

Amount (\$): **\$500.00** Payee address; City; State; Zip Code: **901 W. Broad St., Manstfield, TX 76063**

PURPOSE OF EXPENDITURE: **Contribution (Donation) Made by officeholder**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **4-30-18** Payee name: **Reagan Legacy Republican Women**

Amount (\$): **\$350.00** Payee address; City; State; Zip Code: **P.O. Box 174431, Arlington, TX 76003**

PURPOSE OF EXPENDITURE: **Contribution/Donation Made by officeholder**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 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

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: **5 of 5** 2 FILER NAME: **David L. Cook** 3 Filer ID (Ethics Commission Filers)

4 Date: **5-14-18** 5 Payee name: **Ron Wright for Congress**

6 Amount (\$): **\$1,500.00** 7 Payee address; City; State; Zip Code: **5505 Overridge Dr. Arlington, TX 76017**

8 PURPOSE OF EXPENDITURE: **Contribution/Donation Made by Officeholder**

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 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: **5-25-18** Payee name: **Republican Party of Texas / CRC**

Amount (\$): **\$1,000.00** Payee address; City; State; Zip Code: **P.O. BOX 2206 AUSTIN, TX 78768**

PURPOSE OF EXPENDITURE: **Contribution/Donation Made by Officeholder**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **6-2-18** Payee name: **Texas for Kelly Hancock**

Amount (\$): **\$500.00** Payee address; City; State; Zip Code: **P.O. BOX 821349 NRH, TX 76182**

PURPOSE OF EXPENDITURE: **Contribution/Donation Made by Officeholder**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 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