

# 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: <div style="font-size: 1.5em; font-weight: bold;">15</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>MR</span> <span>Michael</span> <span></span> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Cook</span> <span></span> </div>		<div style="border: 1px solid black; padding: 5px; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: 1.5em; color: red; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; color: blue;">4/28/23</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>Receipt #</span> <span>Amount \$</span> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Imaged</div>
	<div style="display: flex; justify-content: space-between;"> <span>ADDRESS / PO BOX;</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="display: flex; justify-content: space-between;"> <span>17603 Pinyon Lane, Dallas, TX 75252</span> <span></span> </div>		
<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between;"> <span>( 607 )</span> <span>592-9520</span> <span></span> </div>			
<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mrs</span> <span>Chalotte</span> <span></span> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Key</span> <span></span> </div>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> <span>Change of Address</span> </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <span>STREET ADDRESS (NO PO BOX PLEASE);</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="display: flex; justify-content: space-between;"> <span>405 Atlanta Dr., Plano, TX 75093</span> <span></span> </div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between;"> <span>( 214 )</span> <span>773-8290</span> <span></span> </div>		
7 CAMPAIGN TREASURER ADDRESS	<div style="display: flex; justify-content: space-between;"> <span>REPORT TYPE</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="display: flex; align-items: center;"> <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)           </div> <div style="display: flex; align-items: center;"> <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)           </div> </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Day</span> <span>Year</span> <span>THROUGH</span> <span>Month</span> <span>Day</span> <span>Year</span> </div> <div style="display: flex; justify-content: space-between;"> <span>4</span> <span>/</span> <span>5</span> <span>/</span> <span>28</span> <span></span> <span>4</span> <span>/</span> <span>28</span> <span>/</span> <span>23</span> </div>		
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <span>10 PERIOD COVERED</span> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <span>ELECTION DATE</span> <span>ELECTION TYPE</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="display: flex; align-items: center;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> <div style="display: flex; align-items: center;"> <span>Primary</span> <span>Runoff</span> <span>Other Description</span> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="display: flex; align-items: center;"> <span>5</span> <span>/</span> <span>6</span> <span>/</span> <span>23</span> </div> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> General             <input type="checkbox"/> Special           </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <span>12 OFFICE</span> <span>13 OFFICE SOUGHT (if known)</span> </div> <div style="display: flex; justify-content: space-between;"> <span>OFFICE HELD (if any)</span> <span>Plano ISD School Board Trustee Place 5</span> </div>		
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <span>14 NOTICE FROM POLITICAL COMMITTEE(S)</span> </div>		
13 OFFICE SOUGHT (if known)	<div style="display: flex; justify-content: space-between;"> <span>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.</span> </div>		
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="display: flex; justify-content: space-between;"> <span>COMMITTEE TYPE</span> <span>COMMITTEE NAME</span> </div> <div style="display: flex; justify-content: space-between;"> <span>GENERAL</span> <span>COMMITTEE ADDRESS</span> </div> <div style="display: flex; justify-content: space-between;"> <span>SPECIFIC</span> <span>COMMITTEE CAMPAIGN TREASURER NAME</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>COMMITTEE CAMPAIGN TREASURER ADDRESS</span> </div>		
<div style="border: 1px solid black; padding: 5px; font-weight: bold;">GO TO PAGE 2</div>			

APR 28 2:07PM

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

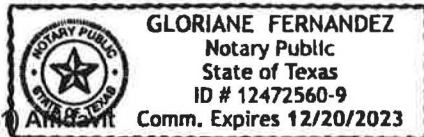
FORM C/OH  
COVER SHEET PG 2

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,389.85
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,177.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,212.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Michael Cook  
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael Cook this the 29th day of April, 2023, to certify which, witness my hand and seal of office.

Gloriana Fernandez Gloriana Fernandez Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(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 SCHEDULESUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,125.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,264.85
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,177.44
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**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:
2 FILER NAME Michael Cook		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2023	5 Full name of contributor out-of-state PAC (ID#: PAUL HART 6 Contributor address; City; State; Zip Code Plano TX	7 Amount of contribution (\$)  500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/21/2023	Full name of contributor out-of-state PAC (ID#: Louise W Davis Contributor address; City; State; Zip Code Plano TX	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2023	Full name of contributor out-of-state PAC (ID#: Louise W Davis Contributor address; City; State; Zip Code Plano TX	Amount of contribution (\$)  30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023	Full name of contributor out-of-state PAC (ID#: Adrian Escalante Contributor address; City; State; Zip Code Frisco TX	Amount of contribution (\$)  100.00
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.		

**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:
2 FILER NAME Michael Cook		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Mary Tipper 6 Contributor address; City; State; Zip Code Plano TX	7 Amount of contribution (\$)  10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Diane Groves Contributor address; City; State; Zip Code Plano TX	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2023	Full name of contributor out-of-state PAC (ID#: _____) larry jackson Contributor address; City; State; Zip Code Plano TX	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Linda Finley Contributor address; City; State; Zip Code Plano TX	Amount of contribution (\$)  200.00
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.		

**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:
2 FILER NAME <b>Michael Cook</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/13/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>vickie parker</b> 6 Contributor address; City; State; Zip Code <b>Richardson TX</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/13/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Theresa Havens</b> Contributor address; City; State; Zip Code <b>Allen TX</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Elisa Klein</b> Contributor address; City; State; Zip Code <b>Plano TX</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Barbara Mohl</b> Contributor address; City; State; Zip Code <b>Dallas TX</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:
2 FILER NAME <b>Michael Cook</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/13/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Lisa Kraus</b> 6 Contributor address; City; State; Zip Code <b>DALLAS TX</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/13/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Craig Perry</b> Contributor address; City; State; Zip Code <b>Plano TX</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Carole Greisdorf</b> Contributor address; City; State; Zip Code <b>Plano TX</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Joa Muns</b> Contributor address; City; State; Zip Code <b>Plano TX</b>	Amount of contribution (\$) <b>250.00</b>
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.		

**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:
2 FILER NAME <b>Michael Cook</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/13/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>James McCormick</b> 6 Contributor address; City; State; Zip Code <b>Plano TX</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/13/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Michael Hartman</b> Contributor address; City; State; Zip Code <b>Plano TX</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Rick Montgomery</b> Contributor address; City; State; Zip Code <b>Houston TX</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>HISHAM SYED</b> Contributor address; City; State; Zip Code <b>RICHARDSON TX</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:**2** FILER NAME

Michael Cook

**3** Filer ID (Ethics Commission Filers)**4** Date

04/13/2023

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Karen Clark

**7** Amount of contribution (\$)

25.00

**6** Contributor address;

City;

State;

Zip Code

Richardson TX

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/13/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sharmila Bose

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

Plano TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/13/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

LaShon Ross

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

Plano TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/13/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lindsey Perkins

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

Dallas TX

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.

**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:
2 FILER NAME <b>Michael Cook</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/08/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Sheena King</b> 6 Contributor address; City; State; Zip Code <b>McKinney TX</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/12/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Cara Prentice</b> Contributor address; City; State; Zip Code <b>Plano TX</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/12/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Dawna Hubert</b> Contributor address; City; State; Zip Code <b>Lucas TX</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jean Callison</b> Contributor address; City; State; Zip Code <b>Plano TX</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:
2 FILER NAME <b>Michael Cook</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/23/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Subir Purkayastha</b> 6 Contributor address; City; State; Zip Code <b>Plano TX</b>	7 Amount of contribution (\$)  <b>25.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:

2 FILER NAME

Michael Cook

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

04/27/2023

6 Full name of contributor

Steve Lavine

☐ out-of-state PAC (ID#:

7 Contributor address;

City;

State;

Zip Code

Plano TX

8 Amount of Contribution \$

155.85

9 In-kind contribution description

Printing and Postage

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

04/27/2023

Full name of contributor

Steve Lavine

☐ out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

Plano TX

Amount of Contribution \$

59.00

In-kind contribution description

Signs

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A2

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

**3** Filer ID (Ethics Commission Filers)

\$

**6** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

**8** Amount of Contribution \$

**9 In-kind contribution description**

04/27/2023

**7** Contributor address;                      City;                      State;                      Zip Code

Check if travel outside of Texas. Complete Schedule T.

**11 Employer (FOR NON-JUDICIAL)(See Instructions)**

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Date \_\_\_\_\_

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution \$

### In-kind contribution description

04/27/2023

Contributor address; City; State; Zip Code

## Plano TX

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

Forms provided by Texas Ethics Commission

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Michael Cook	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/27/2023	<b>5</b> Payee name Executive Press	
<b>6</b> Amount (\$) 578.06	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Michael Cook PISD School Board Place 5	
Date 04/27/2023	Payee name Community Impact	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code Plano, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Newspaper Ad
	Check if travel outside of Texas. Complete Schedule T. 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 Michael Cook PISD School Board Place 5	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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 <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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Michael Cook	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/27/2023	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) 99.38	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Credit Card Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Michael Cook	Office sought PISD School Board Trustee Place 5
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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