

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission Filers)

**2 Total pages filed:**

4

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR

FIRST

MI

David

NICKNAME

LAST

SUFFIX

Cook

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

change of address

**5 CANDIDATE / OFFICEHOLDER PHONE**

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR

FIRST

MI

Shoshana

NICKNAME

LAST

SUFFIX

Cook

**7 CAMPAIGN TREASURER ADDRESS**  
(residence or business)

STREET ADDRESS (NO 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 Year

2 / 28 / 14

THROUGH

Month Day Year

6 / 30 / 14

**11 ELECTION**

Month Day Year

3 / 4 / 14

ELECTION TYPE

Primary

Runoff

General

Special

**12 OFFICE**

OFFICE HELD (if any)

**13 OFFICE SOUGHT (if known)**

Judge CCC

**GOTO PAGE 2**

OFFICE USE ONLY  
**POSTMARK**

JUL 15 2014

RY: ELECT 2014 JUL 6 PM 12:52  
Date Hand Delivered or Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged

**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 COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

additional pages

FILED  
 TARRANT COUNTY  
 2014 JUL 16 PM 12:52  
 STEVEN ROBERTS  
 ELECTIONS ADMINISTRATOR

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 980.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 51.06
	4. TOTAL POLITICAL EXPENDITURES	\$ 5051.06
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.

AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said DAVID E COOK, this the 15 day of July, 20 14, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

SARAH R. PHILLIPS  
Print name of officer administering oath

[Signature]  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>David Cook</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/23/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Virginia Carter</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>111 Huston St FW TX</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any) <i>N/A</i>	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>3/11/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Daniel</i>	Amount of contribution (\$) <i>300</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>115 W 2nd St, Ste 202 FW TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		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)			

Date <i>3/19/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Smith</i>	Amount of contribution (\$) <i>400</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>200 E Southlake Blvd # 20 Southlake TX</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title	
Contributor's employer/law firm <i>A</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>David Cook</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>3/11/14</i>	<b>5</b> Payee name <i>Murphy N.</i>
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<b>6</b> Amount (\$) <i>5000.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>815 A Brazos St #304 Austin TX 78701</i>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>With Bonus</i>
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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	Payee name
------	------------

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 (If travel outside of Texas, complete Schedule T)
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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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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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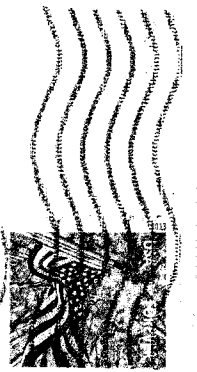
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1608 Airport Blvd. Ste 300  
Belton TN 38002

**POSTMARK**

JUL 15 2014

NORTH TEXAS TX PD/DC  
DALLAS TX 750  
15 JUL 2014 PM 7 L



Tarrant County Elections  
2700 Premier St  
Ft Worth TX 76111

**RECEIVED**  
JUL 16 2014  
**ELECTIONS**

7611301100

