

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:

12

OFFICE USE ONLY

Date Received

July 5, 2023

GM Biggs

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

7.5.2023

Date Imaged

7.5.2023

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR

Cody

B

NICKNAME

LAST

SUFFIX

Shook

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO BOX 191

Savor

TX

75479

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972)

832-7534

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MR

Wade

NICKNAME

LAST

SUFFIX

Davis

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

1120 CA 4010

Savor

TX 75479

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

669-9953

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 Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

01 / 01 / 2023

THROUGH

Month Day Year

06 / 30 / 2023

11 ELECTION

ELECTION DATE

Month Day Year

03 / 05 / 2024

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sheriff

14 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

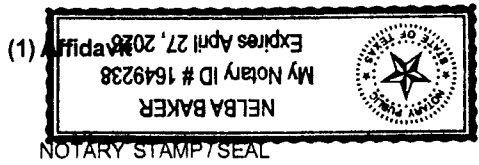
**FORM C/OH
COVER SHEET PG 2**

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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,465</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,279.49</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,460.51</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Cody Shook
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by *Cody Shook* this the 5 day of *July*, 2023, to certify which, witness my hand and seal of office.

Nelba Baker *Nelba Baker* *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 SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,750
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,715
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	\$ 4,279.49
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: 3
2 FILER NAME Cody Shook		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody Shook	7 Amount of contribution (\$) \$400
6 Contributor address; City; State; Zip Code Po Box 191 Savor TX 75479		
8 Principal occupation / Job title (See Instructions) Police Chief		9 Employer (See Instructions) CITY OF ECTOR
Date 3/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyndon Shook	Amount of contribution (\$) \$1,000
Contributor address; City; State; Zip Code Po Box 430 Blue Ridge TX 75424		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Texas Bee Supply
Date 3/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake Shook	Amount of contribution (\$) \$2,000
Contributor address; City; State; Zip Code 2330 Houston Dr Melissa TX 75454		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Desert Creek Honey
Date 4/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally Jones	Amount of contribution (\$) \$1,000
Contributor address; City; State; Zip Code 1636 CR 5005 Blue Ridge TX 75424		
Principal occupation / Job title (See Instructions) Retired teacher		Employer (See Instructions) Retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



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: 3
2 FILER NAME Cody Shook		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colton Shook	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 4625 Platte Dr Balch Springs TX 75180		
8 Principal occupation / Job title (See Instructions) Contractor		9 Employer (See Instructions) Overdrive Construction
Date 4/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butch Smith	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 532 CR 4025 Savor TX 75479		
Principal occupation / Job title (See Instructions) Retired Vet		Employer (See Instructions) SELF
Date 4/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie Baecht	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1021 CR 1305 Savor TX 75479		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Vested Networks
Date 5/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Cerveny	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 227 CR 4025 Savor TX 75479		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

Cody Shook

3 Filer ID (Ethics Commission Filers)

4 Date

5/29/23

5 Full name of contributor

Brandon Shook

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$250

6 Contributor address; City; State; Zip Code

Po Box 158 Randolph TX 75475

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

Desert Creek Honey

Date

6/30/23

Full name of contributor

Jim Jarvis

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$200

Contributor address; City; State; Zip Code

1161 CR 1240 Savoy TX 75479

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

6/30/23

Full name of contributor

Nickie Amason

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

6008 Thistle Var Denton TX 76210

Principal occupation / Job title (See Instructions)

PROPERTY Management

Employer (See Instructions)

Self-employed

Date

Full name of contributor

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.



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	
2 FILER NAME Cody Shook		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 3/17/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solve & Create	8 Amount of Contribution \$ \$365	9 In-kind contribution description Graphic Design
7 Contributor address; City; State; Zip Code 23 Glen Oak Ct Medford OR 97504		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Graphic Design		11 Employer (FOR NON-JUDICIAL)(See Instructions) Solve & Create	
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 3/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 5804 Photography	Amount of Contribution \$ \$250	In-kind contribution description Photos
Contributor address; City; State; Zip Code 1120 CR400 SAVOR TX 75479		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Photographer		Employer (FOR NON-JUDICIAL)(See Instructions) 5804 Photography	
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.			



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	
2 FILER NAME Cody Shook		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ Ø	
5 Date 5/2/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W Texas Sign Works	8 Amount of Contribution \$ \$1,100	9 In-kind contribution description Truck wrap & banners
7 Contributor address; City; State; Zip Code 505 E Mulberry Leonard TX 75452		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Graphic Design / Application		11 Employer (FOR NON-JUDICIAL)(See Instructions) W Texas Sign Works	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> 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)			

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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: 4	2 FILER NAME Cody Shook	3 Filer ID (Ethics Commission Filers)
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4 Date 3/17/23	5 Payee name Vista Print
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6 Amount (\$) 232.69	7 Payee address; City; State; Zip Code 275 Wyman St Waltham MA 02451
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(b) Description Business Cards
	(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	Office sought	Office held
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Date 4-19-23	Payee name US Postal Service
------------------------	--

Amount (\$) 63.00	Payee address; City; State; Zip Code 301 E Haves Savor TX 75479
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Postage stamps
	<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 4-14-23	Payee name Vista Print
------------------------	----------------------------------

Amount (\$) 112.17	Payee address; City; State; Zip Code 275 Wyman St Waltham MA 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expenses	Description Fixers
	<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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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: 4		2 FILER NAME Cody Shook		3 Filer ID (Ethics Commission Filers)	
4 Date 5-4-23		5 Payee name Target			
6 Amount (\$) 32.44		7 Payee address; City; State; Zip Code 4160 Town center Sherman TX 75092			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Labels		
	(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	
Date 5/4/23		Payee name Fannin County Children's Center			
Amount (\$) 254.39		Payee address; City; State; Zip Code 112 W 5th Bonham TX 75418			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation By candidate		Description meal sponsor		
	<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	
Date 6/13/23		Payee name Vista Print			
Amount (\$) 281.42		Payee address; City; State; Zip Code 275 Wyman St Waltham MA 02451			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses		Description Cards / Brochures		
	<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	

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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: <u>4</u>	2 FILER NAME <u>Cody Shook</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>6/24/23</u>	5 Payee name <u>Ladonia Rodeo Association</u>	
6 Amount (\$) <u>\$100</u>	7 Payee address; City; State; Zip Code <u>PO Box 92 Ladonia TX 75449</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description <u>Program Ad</u>
	(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	Office sought Office held

Date <u>6/24/23</u>	Payee name <u>Texas GOP Store</u>	
Amount (\$) <u>3,193.38</u>	Payee address; City; State; Zip Code <u>404 I-45 S Huntsville TX 77340</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>Signs</u>
	<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 <u>4/30/23</u>	Payee name <u>CAPTEx Bank</u>	
Amount (\$) <u>\$5</u>	Payee address; City; State; Zip Code <u>2109 Center St Benham TX 75418</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Banking</u>	Description <u>Account Service Fee</u>
	<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

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: 4	2 FILER NAME Cady Shook	3 Filer ID (Ethics Commission Filers)
4 Date 5/31/23	5 Payee name CAPTEX Bank	
6 Amount (\$) \$5	7 Payee address; City; State; Zip Code 2109 N Center Bonham TX 75418	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Account Service Charge
	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

