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: 5		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mr Cody	мі В	OFFICE USE ONLY		
NAME	NICKNAME LAST Shook	SUFFIX	71312024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box 191, Savoy, Texas, 75	CITY; STATE; ZIP CODE 5479	71312024 Vicky Milly		
5 CANDIDATE/ OFFICEHOLDER PHONE	(972) 832-7534	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	Ms/MRs/MR FIRST Mr. Wade	Mi	Receipt # Amount \$		
NAME			Day 11212006		
	Davis	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	street address (NO PO BOX PLEASE); APT / SI 1120 CR 4010, Savoy, Texas,		STATE; ZIP CODE		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 669-9953	EXTENSION			
9 REPORT TYPE	January 15 30th day before e	Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	5 / 19 / 24 THROUGH 6 / 30 / 24				
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other			
	· _	Description			
	11 / 5 / 24 General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)		
12 OFFICE		Fannin County			
44 NOTIOE FOOM			***************************************		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. 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(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TRI	EASURER ADDRESS			
GO TO PAGE 2					
	(40) [()	CAUCZ			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Cody Shook			16 Filer	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC. PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELECTOR		AN	\$	0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS. OR GUARANTEES OF LOAN	IS)	\$	0.00
	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		s 1	,157.14	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTOR REPORTING PERIOD	TIONS MAINTAINED AS OF THE L	AST DAY	s 1	,435.04
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS G PERIOD	OF THE	\$	0.00
l	swear, or affirm, under penalty of perjury, t quired to be reported by me under Title 15, E	, , , .	true and cor	rect and incl	udes all information
		Codly Store	- D		
		Signature of	Candidate o	or Officehold	ег
	Diseases	lata aithar antian hale			
	Please comp	lete either option belo	JW.		
-					
Ex	NELBA BAKER Notary ID # 1649238 pires April 27, 2026				
NOTARY STAMP/SEA		\mathcal{L}	2) /
Sworn to and subscribed	before me by O 24 Shi	20K this th	ne	day of	W/cf.
	which, witness my hand and seal of office.	2		0	V
- 4 4/la	Alexan Y/E	Iba BaKER		1/0	tary
Signature of officer administr	ering oath Printed name of off	icer administering oath		Title of office	r administering oath
		OR			
(2) Unsworn Declarati	ion				
My name is		, and my date of birth	is		
My address is			,		
	(street)		(state)	(zip code)	(country)
Executed in	County, State of	, on the day of	inth)	_, 20	e.
		(110		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I		Signature of Car	ndidate/Office	eholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	9 FILER NAME 20 Filer ID (Ethics Con Cody Shook		ssion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		1,157.14
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		0.00
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		0.00

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a categor	y not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Cody Shook		3 Filer ID (Ethics	Commission Filers)	
4 Date 05/29/2024	5 Payee name Don Toro's Latin Cuisine		A - A - A - A - A - A - A - A - A - A -	11	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
715.14	408 N. Center St, Bonham, Texas, 75	5418			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense/Food & Beverage Expense	Location Reservation/Food/Drink for campaign event.			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX. officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name		*****	197.441	
05/31/2024	CapTex Bank				
Amount (\$)	Payee address;	City;	State;	Zip Code	
5.00	2109 N. Center St, Bonham, Texas, 75418				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Accounting/Banking	Account Service Fee			
OF EXPENDITURE					
	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	Payee name				
06/17/2024	Fannin County Leader				
Amount (\$)	Payee address;	City;	State;	Zip Code	
432.00	224 N. Main St, Bonham, Texas, 754	18			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Newspaper Ad			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cody Shook 4 Date 5 Payee name 06/30/2024 CapTex Bank 6 Amount (\$) 7 Payee address; City; State: Zip Code 2109 N. Center St, Bonham, Texas, 75418 5.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking Account Service Fee PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX. officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) State; Zip Code Payee address: City; Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED