

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>5</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>MRS</b>	FIRST <b>Almina</b>	MI
	NICKNAME <b>Mina</b>	LAST <b>Cook</b>	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; <b>2195 CR 1076</b>		APT / SUITE #; CITY; STATE; ZIP CODE <b>Celeste TX 75423</b>
	<input type="checkbox"/> Change of Address		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>(903)</b>	PHONE NUMBER <b>450-6479</b>	EXTENSION
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>MRS.</b>	FIRST <b>Donna</b>	MI
	NICKNAME	LAST <b>Breitenbuecher</b>	SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <b>2908 Fm 36N</b>		CITY; STATE; ZIP CODE <b>Farmersville TX 75442</b>
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>(214)</b>	PHONE NUMBER <b>471-2030</b>	EXTENSION
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year <b>01 / 01 / 24</b>		THROUGH Month Day Year <b>01 / 25 / 2024</b>
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>03 / 05 / 24</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	<b>12 OFFICE</b> OFFICE HELD (if any) <b>NONE</b>		<b>13 OFFICE SOUGHT</b> (if known) <b>Tax Assessor-Collector</b>
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**OFFICE USE ONLY**

Date Received  
**RECEIVED**  
AT **3** o'clock **11** AM

**FEB 05 2024**

JEANNIE ASH  
Elections Administrator, Hunt County, TX  
By: *[Signature]*

Date Hand Delivered or Date Postmarked

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Processed \_\_\_\_\_

Date Indexed \_\_\_\_\_

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> <i>Almina Cook</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>3,170.</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>143.20</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>3,417.26</i>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>11,790.98</i>

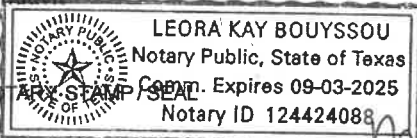
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Almina Cook*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



Sworn to and subscribed before me by *Almina Cook* this the *5<sup>th</sup>* day of *February*,

20 *24*, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *Leora Bouysson* Printed name of officer administering oath: *Leora Bouysson* Title of officer administering oath: *Dep. Clerk*

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**

<b>19 FILER NAME</b> <i>Almina Cook</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,170. <sup>00</sup>
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	\$ 143. <sup>20</sup>
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	\$

# 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: <u>1</u>
2 FILER NAME <u>Almina Cook</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1-4-24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael Lambert</u>	7 Amount of contribution (\$) <u>20<sup>00</sup></u>
6 Contributor address; City; State; Zip Code <u>2444 CR 1076 Celeste TX 75423</u>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <u>1-5-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jason Cunningham</u>	Amount of contribution (\$) <u>3000<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>5543 Fm 71 East Dike TX 75437</u>		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date <u>1-6-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bruce McNatt</u>	Amount of contribution (\$) <u>100<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>2957 Fm 903 Greenville TX 75401</u>		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date <u>1-12-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michelle Hallman</u>	Amount of contribution (\$) <u>50<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>3220 Washington Greenville TX 75401</u>		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

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**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 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: 1	<b>2</b> FILER NAME Almina Cook	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 1-12	<b>5</b> Payee name HARBOR FREIGHT		
<b>6</b> Amount (\$) 34.72	<b>7</b> Payee address; 5302 Wesley	City; Greenville	State; TX Zip Code 75402
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising		<b>(b)</b> Description zip ties for signs to attach to T-posts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Almina Cook	Office sought TAX ASSESSOR	Office held NONE
Date 1-10-24	Payee name Lime Printing		
Amount (\$) 81.20	Payee address; 8910 Wesley, Ste B	City; Greenville	State; TX Zip Code 75402
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description 1,000 Business cards
	<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 Almina Cook	Office sought TAX ASSESSOR	Office held NONE
Date 1-27-24	Payee name HARBOR FREIGHT		
Amount (\$) 27.28	Payee address; 5302 Wesley	City; Greenville	State; TX Zip Code 75402
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description zip ties for signs to attach to t-posts
	<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 Almina Cook	Office sought TAX ASSESSOR	Office held NONE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED