

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 NAME	MS / MRS / MR: MRS FIRST: Almina NICKNAME: Mina LAST: Cook	MI	OFFICE USE ONLY Date Received: RECEIVED AT 2 o'clock 55 M JAN 09 2024 JEANNIE ASH Elections Administrator, Hunt County, TX By: <i>Rochel Pearson</i>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2195 CR 1076 Celeste TX 75423	<input type="checkbox"/> Change of Address	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (903) PHONE NUMBER: 450-6479	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MRS FIRST: Donna NICKNAME: Breitenbuecher LAST: Breitenbuecher	MI	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2908 Fm 36N Farmersville TX 75442 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (214) PHONE NUMBER: 471-2030		
9 REPORT TYPE	<input checked="" 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) <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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 23 12 / 31 / 23		
11 ELECTION	ELECTION DATE Month Day Year 3 / 5 / 24	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) NONE	13 OFFICE SOUGHT (if known) Tax Assessor-Collector	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME <i>Almine Cook</i>		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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>400⁰⁰</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>8650.62</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>390.46</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>8841.08</i>

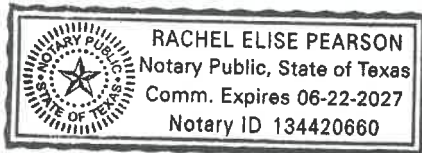
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Almine Cook

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Mina Cook* this the *9* day of *January*, 20*24*, to certify which, witness my hand and seal of office.

Rachel Pearson *Rachel Pearson* *elections*
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)

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 <i>Almina Cook</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12-10-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don Ray Thomason</i>	7 Amount of contribution (\$) <i>\$ 200⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>918 D SE Ardmore OK 73401</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>12-27-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alvin Quirl</i>	Amount of contribution (\$) <i>\$ 200⁰⁰</i>
Contributor address; City; State; Zip Code <i>404 Fm 1566 W Wolfe City TX 75796</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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.

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Almina Cook

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>400.00</i>
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	\$ <i>8650.62</i>
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	\$

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3	2 FILER NAME Almina Cook	3 Filer ID (Ethics Commission Filers)
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4 Date 8-29-23	5 Payee name Chamber of Commerce - City of Commerce
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6 Amount (\$) 90 ⁰⁰	7 Payee address; 1114 main st.	City; Commerce	State; TX	Zip Code 75428
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8 PURPOSE OF EXPENDITURE Booth for Campaign	(a) Category (See Categories listed at the top of this schedule) Event Expense - Event expense	(b) Description Candidate booth @ Bois D Arc Bash in Commerce
	(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 Almina Cook	Office sought Tax Assessor - Collector	Office held NONE
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Date 11-11-23	Payee name Hunt Co. Republican Party
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Amount (\$) 750 ⁰⁰	Payee address; 2706 Tanglewood	City; Commerce	State; TX	Zip Code 75428
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PURPOSE OF EXPENDITURE Filing fee	Category (See Categories listed at the top of this schedule) fee	Description filing fee to run for office
	<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 Hunt Co. Tax Assessor Collector	Office held NONE
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Date 11-11-23	Payee name Merit Fire Dept
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Amount (\$) 40 ⁰⁰	Payee address; 5523 4th St.,	City; Farmersville	State; TX	Zip Code 75442
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PURPOSE OF EXPENDITURE Booth for Campaign	Category (See Categories listed at the top of this schedule) Event expense	Description Candidate booth @ Merit Fire Dept. Fish Fry
	<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
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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 3		2 FILER NAME Almina Cook			3 Filer ID (Ethics Commission Filers)	
4 Date 11-13-23		5 Payee name Lime Printing				
6 Amount (\$) 184.03		7 Payee address: 8910 Wesley Ste B		City: Greenville	State: TX	Zip Code 75402
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising			(b) Description Banner & magnets for Campaign		
	<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 Almina Cook		Office sought Tax Assessor-Collector	Office held NONE	
Date 12-5-23		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-Collector	Office held NONE	
Date 12-27-23		Payee name Designer Graphics				
Amount (\$) \$5909.91		Payee address: 12404 Hwy 55 S.		City: Tyler	State: TX	Zip Code 75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising			Description Signs for Campaign		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	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 Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 3	2 FILER NAME Almina Cook	3 Filer ID (Ethics Commission Filers)
4 Date 12-18-23	5 Payee name Office Solutions	
6 Amount (\$) 45.35	7 Payee address; 2714 Washington	City: Greenville State: TX Zip Code: 75401
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description Copies of voter list from email
	(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 Almina Cook	Office sought: TAX Assessor-Collector Office held: NONE
Date 12-14-23	Payee name Lime Printing	
Amount (\$) 400.53	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 double sided door hangers for campaign
	<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-Collector Office held:
Date 12-29-23	Payee name Atwoods	
Amount (\$) 1149.60	Payee address; 5222 Wesley	City: Greenville State: TX Zip Code: 75402
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description T-posts for campaign signs
	<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

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