

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION</b> Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers) 00037443	<b>2 Total pages this report:</b>  1/22
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	TITLE FIRST MI John NICKNAME LAST SUFFIX Cook	<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount Date Processed Date Imaged	
	<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>		
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3224 Mesa Verde Lane <input type="checkbox"/> Change of Address El Paso TX 79904			
<b>5 CAMPAIGN TREASURER NAME</b>			
TITLE FIRST MI Tram NICKNAME LAST SUFFIX Cook	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3224 Mesa Verde Lane El Paso TX 79904		
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	AREA CODE PHONE NUMBER EXTENSION ( ) -	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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)	
<b>7 CAMPAIGN TREASURER PHONE</b>	Month Day Year    THROUGH    Month Day Year 07/11/2003    01/14/2004	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>8 REPORT TYPE</b>	OFFICE HELD (if any) Other -- City Council Representative 4	OFFICE SOUGHT (if known)	
<b>9 PERIOD COVERED</b>	DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address/PO Box; Apt. / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages		
<b>10 ELECTION</b>	<b>GO TO PAGE 2</b>		

CITY CLERK DEPARTMENT  
 2007 JAN 4 PM 2:20

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/22	
2 FILER NAME John Cook		3 ACCOUNT # (Ethics Commission filers) 00037443	
4 Date 12/17/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Terry Bilderback ..... 6 Contributor address; City; State; Zip Code 1345 Desert Canyon El Paso TX 79912	7 Amount of contribution (\$) 175.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Randy and Debbie Brock ..... Contributor address; City; State; Zip Code 342 Lombardy Ave El Paso TX 79922-1720	Amount of contribution (\$) 225.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Juilet and Roman Bustillos ..... Contributor address; City; State; Zip Code 6721 Pearl Ridge Drive El Paso TX 79912-7524	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Richard Cane ..... Contributor address; City; State; Zip Code 2027 Airway Blvd El Paso TX 79925-1030	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jose and Rebecca Cardenas ..... Contributor address; City; State; Zip Code 6105 Camino Alegre El Paso TX 79912	Amount of contribution (\$) 175.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/22	
2 FILER NAME John Cook		3 ACCOUNT # (Ethics Commission filers) 00037443	
4 Date 12/17/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ruben Chavez ..... 6 Contributor address; City; State; Zip Code 7328 Golden Hawk El Paso TX 79912	7 Amount of contribution (\$) 275.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fredrick and Patrica Dalbin ..... Contributor address; City; State; Zip Code 2409 Savannah El Paso TX 79930	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/08/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fermin and Hortencia Dorado ..... Contributor address; City; State; Zip Code 4875 Cuartel Lane El Paso TX 79912	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) El Paso Association of Firefighters - PAC ..... Contributor address; City; State; Zip Code PO BOX 370487 El Paso TX 79937	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jan Engles ..... Contributor address; City; State; Zip Code 2219 King James El Paso TX 79903	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
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2 FILER NAME  
John Cook

3 ACCOUNT # (Ethics Commission filers)  
00037443

4 Date: 12/17/2003  
5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Harold Enloe  
6 Contributor address; City; State; Zip Code: 7652 Doniphan, El Paso TX 79835

7 Amount of contribution (\$): 200.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Gerry and Cindy Fleharty  
Contributor address; City; State; Zip Code: PO Box 4043, El Paso TX 79914

Amount of contribution (\$): 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Milo Gardner  
Contributor address; City; State; Zip Code: 4901 Crenshaw, El Paso TX 79924

Amount of contribution (\$): 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Cheryl and Norman Gordon  
Contributor address; City; State; Zip Code: 808 Wingfoote, El Paso TX 79912

Amount of contribution (\$): 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Carl Green  
Contributor address; City; State; Zip Code: 1205 Rim Road, El Paso TX 79902

Amount of contribution (\$): 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** Total pages this report:  
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**2** FILER NAME

John Cook

**3** ACCOUNT # (Ethics Commission filers)

00037443

**4** Date

12/17/2003

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Rachael Harracksingh

**6** Contributor address; City; State; Zip Code  
5720 Trowbridge

El Paso TX 79925

**7** Amount of contribution (\$)

200.00

**8** In-kind contribution description (if applicable)

**9** Principal occupation (Optional)

**10** Employer (Optional)

Date

12/17/2003

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Gary Hedrick

Contributor address; City; State; Zip Code  
608 Willow Glen

El Paso TX 79922

Amount of contribution (\$)

175.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/17/2003

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Lindsay Holt

Contributor address; City; State; Zip Code  
PO Box 220777

e TX

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

01/02/2004

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Robert Hoy

Contributor address; City; State; Zip Code  
1122 Airway Blvd

El Paso TX 79925

Amount of contribution (\$)

275.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/17/2003

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Jobe PAC

Contributor address; City; State; Zip Code  
#1 McKelligon Canyon Rd

El Paso TX 79930

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
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2 FILER NAME  
John Cook

3 ACCOUNT # (Ethics Commission filers)  
00037443

4 Date: 12/17/2003  
5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_):  
Martie Jobe  
6 Contributor address; City; State; Zip Code:  
5588 Westside Drive  
El Paso TX 79932

7 Amount of contribution (\$)  
1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_):  
Stanley Jobe  
Contributor address; City; State; Zip Code:  
1 Mckelligon Canyon Road  
El Paso TX 79930

Amount of contribution (\$)  
1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_):  
Luther Jones  
Contributor address; City; State; Zip Code:  
303 Texas Avenue STE 701  
El Paso TX 79901-1455

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 01/06/2004  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_):  
Kemp Smith LLP  
Contributor address; City; State; Zip Code:  
221 North Kansas  
El Paso TX 79901-1441

Amount of contribution (\$)  
275.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_):  
Billy and Gladys Lewis  
Contributor address; City; State; Zip Code:  
6212 Llano Way  
El Paso TX 79904

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 8/22	
2 FILER NAME John Cook		3 ACCOUNT # (Ethics Commission filers) 00037443	
4 Date 12/17/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tony and Maria Angie Lewis ..... 6 Contributor address; City; State; Zip Code 9473 E.B. Taulbee El Paso TX 79924	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jimmy and Donna Melver ..... Contributor address; City; State; Zip Code 4716 Academy Circle El Paso TX 79924-3229	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eric Mijares ..... Contributor address; City; State; Zip Code 5637 Burning Tree El Paso TX 79912	Amount of contribution (\$) 475.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hugo Morles ..... Contributor address; City; State; Zip Code Postmaster Box 165 500 W. University El Paso TX 79968	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert Navarro ..... Contributor address; City; State; Zip Code 6213 Pinehurst El Paso TX 79912	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
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2 FILER NAME  
John Cook

3 ACCOUNT # (Ethics Commission filers)  
00037443

4 Date: 12/17/2003  
5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Michael Norwich  
6 Contributor address; City; State; Zip Code: C/O Odessa Ent, 401 N. Oregon, El Paso TX 79901

7 Amount of contribution (\$): 100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Ms. Elaine Olsakovsky  
Contributor address; City; State; Zip Code: 10077 Keystone, El Paso TX 79924

Amount of contribution (\$): 20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Preciliano Ortega  
Contributor address; City; State; Zip Code: 7619 Lockheed, El Paso TX 79925

Amount of contribution (\$): 250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 01/05/2004  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): PSI Political Action Committee  
Contributor address; City; State; Zip Code: TX

Amount of contribution (\$): 250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Robert and Juliette Pitt  
Contributor address; City; State; Zip Code: 6 Mina Perdida, El Paso TX 79902-2204

Amount of contribution (\$): 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
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2 FILER NAME  
John Cook

3 ACCOUNT # (Ethics Commission filers)  
00037443

4 Date: 12/17/2003  
5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Gary Porres  
6 Contributor address; City; State; Zip Code: 4606 Memphis El Paso TX 79903

7 Amount of contribution (\$): 500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Jane Poss  
Contributor address; City; State; Zip Code: 501 Spring Crest El Paso TX 79912-4155

Amount of contribution (\$): 25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Raba Kistner PAC  
Contributor address; City; State; Zip Code: PO Box 690287 San Antonio TX 78269-0287

Amount of contribution (\$): 250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Bradley Roe  
Contributor address; City; State; Zip Code: 601 N. Cotton Ste 6 El Paso TX 79902

Amount of contribution (\$): 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Manuel Rojas  
Contributor address; City; State; Zip Code: 1702 Tangleridge Euless TX 76039-7758

Amount of contribution (\$): 175.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
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2 FILER NAME  
John Cook

3 ACCOUNT # (Ethics Commission filers)  
00037443

4 Date: 12/17/2003  
5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Phillip Rothstein  
6 Contributor address; City; State; Zip Code: 6120 Los Felinos Circle, El Paso TX 79912-1930

7 Amount of contribution (\$): 250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Ms Marile Sage  
Contributor address; City; State; Zip Code: 4709 A Excalibur Dr, El Paso TX 79902

Amount of contribution (\$): 25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Steve Sambrano  
Contributor address; City; State; Zip Code: 284 Puesta Del Sol, El Paso TX 79912

Amount of contribution (\$): 150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): James Scherr  
Contributor address; City; State; Zip Code: 109 N. Oregon Suite 800, El Paso TX 79901

Amount of contribution (\$): 250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)  
Attorney

Employer (Optional)  
Scherr Legate

Date: 12/17/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Frank Spencer  
Contributor address; City; State; Zip Code: 1001 Montana, El Paso TX 79902

Amount of contribution (\$): 200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
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2 FILER NAME

John Cook

3 ACCOUNT # (Ethics Commission filers)

00037443

4 Date

12/17/2003

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Bill and Janey Tomberlin

6 Contributor address; City; State; Zip Code  
10924 Gary Player

El Paso TX 79935

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

12/17/2003

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Richard Vorba

Contributor address; City; State; Zip Code  
7700 Grand Canyon

El Paso TX 79904

Amount of contribution (\$)

49.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/17/2003

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Billy and Maria Walls

Contributor address; City; State; Zip Code  
8532 Mountain View

El Paso TX 79904-2439

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/17/2003

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Ms Laura Winter

Contributor address; City; State; Zip Code  
316 Kingswood

El Paso TX 79932

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
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**2** FILER NAME  
John Cook

**3** ACCOUNT # (Ethics Commission filers)  
00037443

**4** Date  
12/15/2003

**5** Payee name  
Airport Hilton Hotel

**7** Amount  
(\$)  
958.01

**6** Payee address; City; State; Zip Code

TX

**8** Purpose of expenditure (See instructions regarding type of information required.)  
December Fun Raiser Reception

**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
08/01/2003

Payee name  
American Heart Associaion

Amount  
(\$)  
25.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)  
Donation

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
09/11/2003

Payee name  
Boxing Hall of Fame

Amount  
(\$)  
15.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)  
Donation

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
10/18/2003

Payee name  
Cogressman Reyes Campaign

Amount  
(\$)  
100.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)  
Contribution

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
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**2** FILER NAME  
John Cook

**3** ACCOUNT # (Ethics Commission filers)  
00037443

<b>4</b> Date 07/12/2003	<b>5</b> Payee name Tram Cook  <b>6</b> Payee address; City; State; Zip Code 3224 Mesa Verde Lane El Paso TX 79904	<b>7</b> Amount (\$) 1000.00
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<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Loan Repayment	<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 07/13/2003	Payee name Tram Cook  Payee address; City; State; Zip Code 3224 Mesa Verde Lane El Paso TX 79904	Amount (\$) 1000.00
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Purpose of expenditure (See instructions regarding type of information required.) Loan Repayment	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 07/15/2003	Payee name Tram Cook  Payee address; City; State; Zip Code 3224 Mesa Verde Lane El Paso TX 79904	Amount (\$) 1746.00
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Purpose of expenditure (See instructions regarding type of information required.) Loan Repayment	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/18/2003	Payee name Disc O Tape  Payee address; City; State; Zip Code Cleveland OH	Amount (\$) 398.36
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Purpose of expenditure (See instructions regarding type of information required.) CDs for Invitation	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
15/22

**2** FILER NAME  
John Cook

**3** ACCOUNT # (Ethics Commission filers)  
00037443

**4** Date  
12/22/2003

**5** Payee name  
Disc O Tape

**7** Amount  
(\$)  
472.90

**6** Payee address; City; State; Zip Code  
  
Cleveland OH

**8** Purpose of expenditure (See instructions regarding type of information required.)  
CD labels

**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
09/12/2003

Payee name  
Discount Stores

Amount  
(\$)  
133.00

Payee address; City; State; Zip Code  
  
TX

Purpose of expenditure (See instructions regarding type of information required.)  
God Bless America Sunday

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
08/30/2003

Payee name  
EFI

Amount  
(\$)  
60.00

Payee address; City; State; Zip Code  
  
TX

Purpose of expenditure (See instructions regarding type of information required.)  
Newsletter Subscription

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
11/10/2003

Payee name  
El Paso Country Day School

Amount  
(\$)  
67.50

Payee address; City; State; Zip Code  
940 Argonaut  
El Paso TX 79912

Purpose of expenditure (See instructions regarding type of information required.)  
Donation for Casino Night

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
16/22

**2** FILER NAME  
John Cook

**3** ACCOUNT # (Ethics Commission filers)  
00037443

**4** Date  
11/10/2003

**5** Payee name  
El Paso Country Day School  
.....  
**6** Payee address; City; State; Zip Code  
109 Argonaut  
El Paso TX 79912

**7** Amount  
(\$)  
150.00

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Ad in year book

**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
07/25/2003

Payee name  
El Paso Flag Foundation  
.....  
Payee address; City; State; Zip Code  
El Paso TX

Amount  
(\$)  
200.00

Purpose of expenditure (See instructions regarding type of information required.)  
Donation

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
09/12/2003

Payee name  
El Paso Flag Foundation  
.....  
Payee address; City; State; Zip Code  
TX

Amount  
(\$)  
100.00

Purpose of expenditure (See instructions regarding type of information required.)  
Donation

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
12/28/2003

Payee name  
El Paso Mailing Services  
.....  
Payee address; City; State; Zip Code  
El Paso TX

Amount  
(\$)  
135.00

Purpose of expenditure (See instructions regarding type of information required.)  
CD jacket printing and mailing

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
17/22

**2** FILER NAME  
John Cook

**3** ACCOUNT # (Ethics Commission filers)  
00037443

**4** Date  
01/03/2004

**5** Payee name  
El Paso Mailing Services

**7** Amount  
(\$)  
368.05

**6** Payee address; City; State; Zip Code

El Paso TX

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Final payment for campaign mailout and printing

**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
07/22/2003

Payee name  
Franklin Mountain Rotary

Amount  
(\$)  
250.00

Payee address; City; State; Zip Code

El Paso TX

Purpose of expenditure (See instructions regarding type of information required.)  
Donation

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
01/02/2004

Payee name  
Gussie's Tamales

Amount  
(\$)  
19.44

Payee address; City; State; Zip Code

Piedras

El Paso TX

Purpose of expenditure (See instructions regarding type of information required.)  
Refreshments for Council Meeting

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
12/28/2003

Payee name  
HB Electronics

Amount  
(\$)  
577.10

Payee address; City; State; Zip Code

Gateway East

El Paso TX

Purpose of expenditure (See instructions regarding type of information required.)  
Recording fee for CDs

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
18/22

**2** FILER NAME  
John Cook

**3** ACCOUNT # (Ethics Commission filers)  
00037443

**4** Date  
11/03/2003

**5** Payee name  
LENCO

**7** Amount  
(\$)  
53.04

**6** Payee address; City; State; Zip Code

TX

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Repairs to campaign trailer

**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
08/11/2003

Payee name  
La Parrillada

Amount  
(\$)  
79.25

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)  
Campaign Committee Luncheon

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
07/26/2003

Payee name  
Mountain Park Association

Amount  
(\$)  
47.74

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)  
Food for Association BBQ

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
10/05/2003

Payee name  
National Organization of Veterans Associations

Amount  
(\$)  
120.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)  
Donation of tickets

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
19/22

**2** FILER NAME  
John Cook

**3** ACCOUNT # (Ethics Commission filers)  
00037443

**4** Date  
07/12/2003

**5** Payee name  
Northgate Optimists

**7** Amount  
(\$)  
25.00

**6** Payee address; City; State; Zip Code

TX

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Donation

**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
10/16/2003

Payee name  
Northgate Optimists

Amount  
(\$)  
56.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)  
Donation

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
12/16/2003

Payee name  
Papa John's Pizza

Amount  
(\$)  
21.28

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)  
For mailout volunteers

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
09/12/2003

Payee name  
Peyton's Meats

Amount  
(\$)  
75.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)  
Franks for God Bless America Sunday

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
20/22

**2** FILER NAME  
John Cook

**3** ACCOUNT # (Ethics Commission filers)  
00037443

**4** Date  
10/16/2003

**5** Payee name  
Reddock Enterprise

**7** Amount  
(\$)  
34.04

**6** Payee address; City; State; Zip Code

TX

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Texas shirt for campaign manager

**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
08/01/2003

Payee name  
Roy Lown's

Amount  
(\$)  
16.24

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)  
Placque for United Blood Services

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
01/10/2004

Payee name  
Salute El Paso, Inc

Amount  
(\$)  
200.00

Payee address; City; State; Zip Code

El Paso TX

Purpose of expenditure (See instructions regarding type of information required.)  
Donation

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
12/17/2003

Payee name  
U.S. Postmaster

Amount  
(\$)  
830.00

Payee address; City; State; Zip Code

El Paso TX

Purpose of expenditure (See instructions regarding type of information required.)  
Mailing out Invitations

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
21/22

**2** FILER NAME

John Cook

**3** ACCOUNT # (Ethics Commission filers)  
00037443

**4** Date

07/21/2003

**5** Payee name

Victory Warriors

**7** Amount

(\$)  
200.00

**6** Payee address; City; State; Zip Code

Dyer Street

El Paso TX 79904

**8** Purpose of expenditure (See instructions regarding type of information required.)

Donation for trip to Austin

**9** Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

08/30/2003

Payee name

WalMart

Amount

(\$)  
22.73

Payee address; City; State; Zip Code

TransMountain

El Paso TX 79924

Purpose of expenditure (See instructions regarding type of information required.)

For YMCA BBQ

Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/25/2003

Payee name

WalMart

Amount

(\$)  
44.31

Payee address; City; State; Zip Code

TransMountain

El Paso TX 79924

Purpose of expenditure (See instructions regarding type of information required.)

Donation of food to the El Paso Flag Foundation

Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

01/12/2004

Payee name

Wells Fargo Bank

Amount

(\$)  
35.40

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Bank service fees July to Dec

Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
22/22

**2** FILER NAME  
John Cook

**3** ACCOUNT # (Ethics Commission filers)  
00037443

**4** Date  
12/15/2003

**5** Payee name  
YMCA - Northeast Branch

**7** Amount  
(\$)  
180.00

**6** Payee address; City; State; Zip Code  
Will Ruth  
El Paso TX 79924

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Donation for youth sports fund

**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME**  
John Cook

**15 ACCOUNT #** (Ethics Commission filers)  
00037443

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

.. This listing includes political expenditures 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**

additional pages

**COMMITTEE CAMPAIGN TREASURER ADDRESS**

**17 NO REPORTABLE ACTIVITY**

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 20.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10779.00

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 9815.39

**OUTSTANDING LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

**19 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.

  
Signature of Candidate or Officeholder

