

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6914

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00006595	2 PAGE # 1 of 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Gary	MI
	NICKNAME	LAST Cobb	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. Box 142416 Austin, TX 78714		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Carl S.	MI
	NICKNAME	LAST Richie	SUFFIX Jr.
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
1122 Colorado Street Suite 210 Austin, TX 78701			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 478-3800			
8 REPORT TYPE	<input 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 checked="" 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)		
9 PERIOD COVERED	Month	Day	Year
02/25/2008		THROUGH	07/15/2008
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) District Attorney
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. 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		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME Cobb, Gary (Mr.)

15 ACCOUNT # (Ethics Commission filers)  
00006595

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of 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 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 175.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 12,125.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 17,834.10

CONTRIBUTION BALANCE

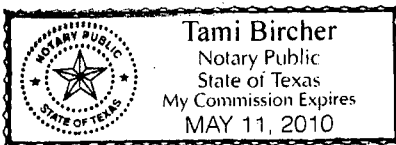
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 198.51

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 6,800.00

## 18 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.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gary Cobb, this the 15<sup>th</sup> day of July, 2008, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Tami Bircher  
Print name of officer administering oath

*[Handwritten Signature]*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/6 Report: 3/14	
2 FILER NAME Cobb, Gary (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00006595	
4 Date  02/29/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alden Smith Investments  6 Contributor address; City; State; Zip Code P.O. Box 5961 Austin, TX 78763	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bays, Brenda  Contributor address; City; State; Zip Code 12619 #2 Fitzhugh Road Austin, TX 78736	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernard, Tanisha  Contributor address; City; State; Zip Code 1203 Baylor Street Austin, TX 78703	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Black, Albert  Contributor address; City; State; Zip Code 1013 Weeping Willow Drive Austin, TX 78753	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blackburn, Benjamin  Contributor address; City; State; Zip Code P.O. Box 300746 Austin, TX 78703-0013	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6 Report: 4/14	
2 FILER NAME Cobb, Gary (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00006595	
4 Date 02/29/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Kristin	7 Amount of contribution (\$) \$125.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2315 Quarry Road Austin, TX 78703		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cumberbatch & Associates	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3 Green Lane Austin, TX 78703		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dominguez, William	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 815 Brazos Street Suite 400 Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dunham & Rogers	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) Office Space
Contributor address; City; State; Zip Code 1800 Guadalupe Street Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erskine & Blackburn, LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6618 Sitio Del Rio Ste. C-101 Austin, TX 78730		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/6 Report: 5/14	
2 FILER NAME Cobb, Gary (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00006595		
4 Date  02/29/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FC Properties		7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date  02/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friday, Alysia		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 18916 Pflugerville, TX 78660-7475		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  02/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goss, Darryl		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 8901 Young Lane Austin, TX 78737		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  02/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hairston, Ltc. Earl		Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1902 Chestnut Circle Round Rock, TX 78681-2148		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  03/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hines, Ranc & Holub		Amount of contribution (\$)  \$600.00	In-kind contribution description (if applicable) Internet Advertising	
Contributor address; City; State; Zip Code 1307 Nueces Street Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/6 Report: 6/14	
2 FILER NAME Cobb, Gary (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00006595	
4 Date 03/04/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hines, Ranc & Holub ..... 6 Contributor address; City; State; Zip Code 1307 Nueces Street Austin, TX 78701	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) Billboard   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hines, Ranc & Holub ..... Contributor address; City; State; Zip Code 1307 Nueces Street Austin, TX 78701	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) Office Space   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jammer, Brian ..... Contributor address; City; State; Zip Code P.O. Box 19528 Austin, TX 78760	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Javier Huerta Insurance Agency ..... Contributor address; City; State; Zip Code 1704 Honeyweed Street Cedar Park, TX 78613	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Rickey/Leadra ..... Contributor address; City; State; Zip Code 3912 Aroyo Dorado Schertz, TX 78154	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/6 Report: 7/14	
2 FILER NAME Cobb, Gary (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00006595	
4 Date  02/29/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of Mark Sampson, P.C.  6 Contributor address; City; State; Zip Code 605 West Oltorf Austin, TX 78704	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Willie  Contributor address; City; State; Zip Code 5708 Springdale Road Austin, TX 78723-3661	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Middleton, David Mayes  Contributor address; City; State; Zip Code 901 West 9th #408 Austin, TX 78703	Amount of contribution (\$)  \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ogunmuyiwa, Alex  Contributor address; City; State; Zip Code 1921 Elysian Fields Austin, TX 78727-3213	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Overstreet, Morris  Contributor address; City; State; Zip Code P.O. Box 35 Prairie View, TX 77446	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/6 Report: 8/14	
2 FILER NAME Cobb, Gary (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00006595	
4 Date  02/29/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramos, Elsa  6 Contributor address; City; State; Zip Code 5207 Hegdewood Drive Austin, TX 78745	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RFG Architects  Contributor address; City; State; Zip Code 4120 Commercial Center Dr. Suite 100 Austin, TX 78744	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross Melton, P.C.  Contributor address; City; State; Zip Code 1104 San Antonio Street Austin, TX 78701	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Dyana  Contributor address; City; State; Zip Code 4212 Marathon Blvd Austin, TX 78756	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wohler, Jolene  Contributor address; City; State; Zip Code 2309 West 10th Street Austin, TX 78703	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			





**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/5 Report: 10/14**2** FILER NAME Cobb, Gary (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00006595**4** Date**5** Payee name

Gonzales, Albert

**7** Amount  
(\$)

03/03/2008

**6** Payee address; City; State; Zip Code7916 Copano Drive  
Austin, TX 78749

\$140.00

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

Contract Labor/Campaign literature distribution

(If travel outside of Texas, complete Schedule T) **9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name

Griot Media

Amount  
(\$)

03/04/2008

Payee address; City; State; Zip Code

815a Brazos #546  
Austin, TX 78701

\$250.00

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

Advertising

(If travel outside of Texas, complete Schedule T) **9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name

Message, Audience &amp; Presentation (MAP)

Amount  
(\$)

04/21/2008

Payee address; City; State; Zip Code

2400 S. 4th Street  
Austin, TX 78754

\$11,110.00

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

Media Services &amp; Consulting

(If travel outside of Texas, complete Schedule T) **9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name

Message, Audience &amp; Presentation (MAP)

Amount  
(\$)

07/14/2008

Payee address; City; State; Zip Code

2400 S. 4th Street  
Austin, TX 78754

\$5,600.00

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

Media Services &amp; Consulting

(If travel outside of Texas, complete Schedule T) **9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/5 Report: 11/14
<b>2</b> FILER NAME Cobb, Gary (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006595
<b>4</b> Date  03/04/2008	<b>5</b> Payee name Nuevo Leon Restaurant  <b>6</b> Payee address; City; State; Zip Code 1501 East 6th Street Austin, TX 78702	<b>7</b> Amount (\$)  \$549.19
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Food  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/25/2008	Payee name PayPal  Payee address; City; State; Zip Code 2211 North 1st Street San Jose, CA 95131	Amount (\$)  \$1.75
Purpose of payment (See instructions regarding type of information required.) bank fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/27/2008	Payee name PayPal  Payee address; City; State; Zip Code 2211 North 1st Street San Jose, CA 95131	Amount (\$)  \$1.75
Purpose of payment (See instructions regarding type of information required.) bank fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/27/2008	Payee name PayPal  Payee address; City; State; Zip Code 2211 North 1st Street San Jose, CA 95131	Amount (\$)  \$72.80
Purpose of payment (See instructions regarding type of information required.) bank fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/5 Report: 12/14
<b>2</b> FILER NAME Cobb, Gary (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006595
<b>4</b> Date  02/27/2008	<b>5</b> Payee name PayPal  <b>6</b> Payee address; City; State; Zip Code 2211 North 1st Street San Jose, CA 95131	<b>7</b> Amount (\$)  \$1.03
<b>8</b> Purpose of payment (See instructions regarding type of information required.) bank fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/28/2008	Payee name PayPal  Payee address; City; State; Zip Code 2211 North 1st Street San Jose, CA 95131	Amount (\$)  \$7.55
Purpose of payment (See instructions regarding type of information required.) bank fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/28/2008	Payee name PayPal  Payee address; City; State; Zip Code 2211 North 1st Street San Jose, CA 95131	Amount (\$)  \$3.20
Purpose of payment (See instructions regarding type of information required.) bank fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/29/2008	Payee name PayPal  Payee address; City; State; Zip Code 2211 North 1st Street San Jose, CA 95131	Amount (\$)  \$1.03
Purpose of payment (See instructions regarding type of information required.) Bank fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/5 Report: 13/14
<b>2</b> FILER NAME Cobb, Gary (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006595
<b>4</b> Date  02/29/2008	<b>5</b> Payee name PayPal  <b>6</b> Payee address; City; State; Zip Code 2211 North 1st Street San Jose, CA 95131	<b>7</b> Amount (\$)  \$3.20
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Bank Fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/26/2008	Payee name University Federal Credit Union  Payee address; City; State; Zip Code P.O. Box 9350 Austin, TX 78766	Amount (\$)  \$60.00
Purpose of payment (See instructions regarding type of information required.) Bank Transaction Fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/27/2008	Payee name University Federal Credit Union  Payee address; City; State; Zip Code P.O. Box 9350 Austin, TX 78766	Amount (\$)  \$5.00
Purpose of payment (See instructions regarding type of information required.) Bank Transaction Fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/29/2008	Payee name University Federal Credit Union  Payee address; City; State; Zip Code P.O. Box 9350 Austin, TX 78766	Amount (\$)  \$15.60
Purpose of payment (See instructions regarding type of information required.) Bank Transaction Fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

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

**1 PAGE #**  
Schedule: 5/5 Report: 14/14

**2 FILER NAME** Cobb, Gary (Mr.)

**3 ACCOUNT #** (Ethics Commission filers)  
00006595

**4 Date**  
  
02/29/2008

**5 Payee name**  
University Federal Credit Union  
  
**6 Payee address; City; State; Zip Code**  
P.O. Box 9350  
Austin, TX 78766

**7 Amount (\$)**  
  
\$12.00

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

Bank Transaction Fees

(If travel outside of Texas, complete Schedule T)

**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:  
Office held: