

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

8615

**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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
3 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 15 / 2015 06 / 30 / 2015		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<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)		13 OFFICE SOUGHT (if known)
	None		Travis County District Attorney

OFFICE USE ONLY

Date Received
2015 JUL 15 PM 2:28

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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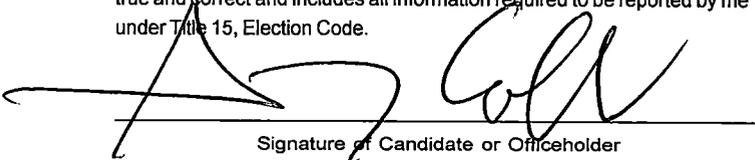
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 84,906. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,223. ³³
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 66,682. ⁶⁷
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

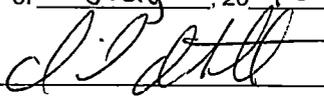


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gary Cobb, this the 14 day of July, 2015, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

David Quintanilla

 Printed name of officer administering oath

Attorney

 Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 82,900. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,000. ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 15,750.33
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2,473. ⁰⁰
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/5/15

5 Full name of contributor

Cambell, Jones & Marsaw, LLP

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

1700 Commerce St, Ste. 250 Dallas, TX 75201

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/6/15

Full name of contributor

Katie Naranjo

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25

Contributor address;

210 Lavaca St, #2010, Austin, TX 78701

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/7/15

Full name of contributor

Berkley Bethis

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

5007 Montview St, Austin, TX 78756

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/8/15

Full name of contributor

Mark Littlefield

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

7705 Vail Valley Dr, Austin, TX 78749

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Grady Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/11/15

5 Full name of contributor

MARSAW & Associates, P.C.

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

1700 Commerce St, Ste 250

City; State; Zip Code

Dallas, TX 75201

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

5/13/15

Full name of contributor

Minton, Burton, Bassett & Collins, P.C.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$5,000

Contributor address;

1100 Guadalupe St.

City; State; Zip Code

Austin TX 78701

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

5/13/15

Full name of contributor

Milton Washington

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250

Contributor address;

11500 Oak Trail Austin, TX 78753

City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

5/13/15

Full name of contributor

Jessica Zak

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

2570 Los Alamos Pass Round Rock TX 78665

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/14/15

5 Full name of contributor

William Dunn

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250

6 Contributor address;

13308 Council Bluff Dr. Austin, TX 78727

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/18/15

Full name of contributor

Emily Frost

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250

Contributor address;

1509 Oxford Ave. Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/15

Full name of contributor

John Mark Westenhover

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

404 W. 13th Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/19/15

Full name of contributor

Diane Holloway

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250

Contributor address;

5402 Village Way Ct. Austin, TX 78745

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/19/15

5 Full name of contributor

Ben Sargent

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 250

6 Contributor address;

5402 Village Way Ct.

City; State; Zip Code

Austin, TX
78745

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/20/15

Full name of contributor

Jim Rodman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 5,000

Contributor address;

3303 Hillview Rd

City; State; Zip Code

Austin, TX
78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/29/15

Full name of contributor

Joseph Pinnelli

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250

Contributor address;

P.O. Box 50038

City; State; Zip Code

Austin, TX
78763

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **Eranj Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date **5/20/15** 5 Full name of contributor out-of-state PAC (ID#: _____)
Janis Pinnelli
 6 Contributor address; City; State; Zip Code
P.O. Box 50038 Austin, TX 78703

7 Amount of contribution (\$)

\$ 250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **5/21/15** Full name of contributor out-of-state PAC (ID#: _____)
Blanca Garcia
 Contributor address; City; State; Zip Code
175 S. 1st St. Austin, TX 78704

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/21/15** Full name of contributor out-of-state PAC (ID#: _____)
Law Office of Mark Sampson, P.C.
 Contributor address; City; State; Zip Code
605 W. Oltorf St. Austin, TX 78704

Amount of contribution (\$)

\$1,250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/21/15** Full name of contributor out-of-state PAC (ID#: _____)
Charles & Lisa Popper
 Contributor address; City; State; Zip Code
4409 Groubville St. Austin, TX 78739

Amount of contribution (\$)

\$1,000

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Erany Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/22/15

5 Full name of contributor

Gustavo Garcia, Jr.

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 250

6 Contributor address;

1012 Rio Grande Austin, TX 78701

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/22/15

Full name of contributor

David Reynolds

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

1012 Rio Grande Austin, TX 78701

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/15

Full name of contributor

Edward & Peggy Fernandes

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000

Contributor address;

713 Beardsley Ln. Austin, TX 78746

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/15

Full name of contributor

Ian Inglis

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250

Contributor address;

800 W. 5th St., #805 Austin, TX 78703

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Graw Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/22/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Gordon Karchmer

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

P.O. Box 92615 Austin, TX 78709

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/23/15

Full name of contributor out-of-state PAC (ID#: _____)

Monica Flores

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

P.O. Box 200790 Austin, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/25/15

Full name of contributor out-of-state PAC (ID#: _____)

Cambell, Jones & Marsaw, LLP

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

1700 Commerce St., Ste 250 Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/25/15

Full name of contributor out-of-state PAC (ID#: _____)

Bonny Gardner

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

3207 Kerbey Lane Austin, TX 78703

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Erany Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/26/15

5 Full name of contributor

Stephen Orr

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

City; State; Zip Code

1107 Nueces St. Austin, TX 78701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/26/15

Full name of contributor

Paul Dunnam

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 2,500

Contributor address;

City; State; Zip Code

1200 Barton Creek Blvd, Apt. 42 Austin, TX 78735

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/26/15

Full name of contributor

Maek Ray Hernandez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250

Contributor address;

City; State; Zip Code

1200 Bouldin Ave. Austin, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/26/15

Full name of contributor

Louis Leichter

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 5,000

Contributor address;

City; State; Zip Code

11602 E. 7th St. Austin, TX 78702

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Erany Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/24/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Christopher Elliott

7 Amount of contribution (\$)

\$ 250

6 Contributor address; City; State; Zip Code

1705 Rabb Rd, Austin TX 78704

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/24/15

Full name of contributor out-of-state PAC (ID#: _____)

Joseph Reynolds

Amount of contribution (\$)

\$ 250

Contributor address; City; State; Zip Code

2611 W. 49th St., Austin, TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/15

Full name of contributor out-of-state PAC (ID#: _____)

Jim Davis

Amount of contribution (\$)

\$ 250

Contributor address; City; State; Zip Code

410 Buckeye Trail, Austin, TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/15

Full name of contributor out-of-state PAC (ID#: _____)

Jeanie & Greg Garrett

Amount of contribution (\$)

\$ 250

Contributor address; City; State; Zip Code

*5217 Old Spice Wood Springs Rd.
Austin, TX 78731*

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **Erany Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date **5/24/15**
 5 Full name of contributor out-of-state PAC (ID#: _____)
Jamie Balaglia
 6 Contributor address; City; State; Zip Code
P.O. Box 360 Manor, TX 78204

7 Amount of contribution (\$)

\$1,000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **5/27/15**
 Full name of contributor out-of-state PAC (ID#: _____)
John Yeager
 Contributor address; City; State; Zip Code
1012 Rio Grande St. Austin, TX 78701

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/27/15**
 Full name of contributor out-of-state PAC (ID#: _____)
Daniel Wannamaker
 Contributor address; City; State; Zip Code
1012 Rio Grande St. Austin, TX 78701

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/27/15**
 Full name of contributor out-of-state PAC (ID#: _____)
Eli Zapata
 Contributor address; City; State; Zip Code
**10603 Metric Blvd, Unit 134B
 Austin, TX 78758**

Amount of contribution (\$)

\$100

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Eramy Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/27/15

5 Full name of contributor out-of-state PAC (ID#: _____)

James Schmidt

7 Amount of contribution (\$)

\$ 100

6 Contributor address; City; State; Zip Code
1104 Maufrays St. Austin, TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

Elsie Craven

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code
*1112 Cripple Creek Drive
 Austin, TX 78758*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

Chelsi West

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code
*11441 N. IH 35, Apt. 363
 Austin, TX 78704*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

Robbin Kohn

Amount of contribution (\$)

\$ 10

Contributor address; City; State; Zip Code
*1200 Barton Creek Blvd, Apt. 363
 Austin, TX 78764*

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/27/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Virginia Agnew

7 Amount of contribution (\$)

\$ 1,300

6 Contributor address; City; State; Zip Code

1204 Castle Hill St. Austin, TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

David Cree Crawford

Amount of contribution (\$)

\$ 150

Contributor address; City; State; Zip Code

1210 Windsor Rd. Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

Betty Blackwell Attorney at Law

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code

1306 Nueces St. Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

Hines, Ranc. & Holub

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code

1307 Nueces St. Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/27/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Robert Swafford

7 Amount of contribution (\$)

\$ 200

6 Contributor address; City; State; Zip Code

1513 W. Lemn St. Ste B
Austin, TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

Dawn McLean

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

154 Palo Duro Dr. Cedar Creek
TX 78612

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

Vonnys Rice-Gardner

Amount of contribution (\$)

\$ 25

Contributor address; City; State; Zip Code

1609 E. 7th St. Austin, TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

Edward Garvis

Amount of contribution (\$)

\$ 25

Contributor address; City; State; Zip Code

2004 E. 9th St, Unit A
Austin, TX 78702

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Eliam Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/27/15

5 Full name of contributor

Terral J. Smith

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100

6 Contributor address; City; State; Zip Code

20617 Kearney Hill Rd.
Pflugerville, Rd. 78660

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/27/15

Full name of contributor

Jo Ann Scott

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 20

Contributor address; City; State; Zip Code

2103 B Enfield
Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor

Frank Pool

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50

Contributor address; City; State; Zip Code

2312 Lavendale Ct., Austin, TX 78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor

Melancon Law Firm

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code

401 Congress Ave, Ste. 1540
Austin, TX 78701

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Gary Cobb		3 Filer ID (Ethics Commission Filers)
4 Date 5/27/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clair Carter 6 Contributor address; City; State; Zip Code 404 W. 13th St, Austin, TX 78701	7 Amount of contribution (\$) \$ 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Martens Contributor address; City; State; Zip Code 4708 Highland Ter, Austin, TX 78731	Amount of contribution (\$) \$ 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Walters Contributor address; City; State; Zip Code 5012 Bluestar Dr, Austin, TX 78739	Amount of contribution (\$) \$ 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Walker Contributor address; City; State; Zip Code 5317 Spirea Cove Austin, TX 78749	Amount of contribution (\$) \$ 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Erany Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/27/15

5 Full name of contributor

Austin Police Association PAC

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$2,500

6 Contributor address;

5817 Wilcab Rd, Ste. 4
Austin, TX 78721

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/27/15

Full name of contributor

Ronald Means

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$5,000

Contributor address;

6007 Mesa Dr., Austin, TX 78731

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor

Granger & Mueller, P.C.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2,500

Contributor address;

605 W. 10th St., Austin, TX 78701

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor

Chris Wagner

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

6401 Steer Tr. Austin, TX 78749

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Clay Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/27/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Evan Nave

7 Amount of contribution (\$)

\$20

6 Contributor address; City; State; Zip Code

*6547 Fair Valley Trl
Austin, TX 78749*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

Evan Nave

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

*6547 Fair Valley Trl
Austin, TX 78749*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

John Lipscombe

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

*6600 Mesa Drive
Austin, TX 78731*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

Douglas Bower

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

*1916 Larue Belle Cove
Austin, TX 78739*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **Gary Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date **5/27/15** 5 Full name of contributor out-of-state PAC (ID#: _____) **Karen Matlock**

7 Amount of contribution (\$)

\$ 25

6 Contributor address; City; State; Zip Code
**Leale Via Rocob Drive
Austin, TX 78749**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **5/27/15** Full name of contributor out-of-state PAC (ID#: _____) **Dinovo, Price, Ellwanger, Hardy LLP**

Amount of contribution (\$)

\$ 2,500

Contributor address; City; State; Zip Code
**7700 N. Mopac Expwy Ste 350
Austin, TX 78731**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/27/15** Full name of contributor out-of-state PAC (ID#: _____) **Caroline Badinelli**

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code
**7702 Kiva Drive Austin, TX
78749**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/27/15** Full name of contributor out-of-state PAC (ID#: _____) **Richards, Rodriguez, & Skeith LLP**

Amount of contribution (\$)

\$ 250

Contributor address; City; State; Zip Code
**816 Congress Ave. Austin, TX
78701**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Eriq Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/27/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Daniel Felton

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
8301 Washita Dr. Austin, TX 78749

\$ 100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

Karen Kiker

Amount of contribution (\$)

Contributor address; City; State; Zip Code
8608 United Kingdom Austin, TX 78748

\$ 50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

Karen Watkins

Amount of contribution (\$)

Contributor address; City; State; Zip Code
9005 Heiden Lane Austin, TX 78749

\$ 250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor out-of-state PAC (ID#: _____)

K.D. Craig, Jr.

Amount of contribution (\$)

Contributor address; City; State; Zip Code
913 B Sirocco Dr. Austin, TX 78745

\$ 50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5/28/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Corby Holcomb

7 Amount of contribution (\$)

\$ 150

6 Contributor address; City; State; Zip Code

199 Wild Plum Way
Austin, TX 78737

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/28/15

Full name of contributor out-of-state PAC (ID#: _____)

Travis County Sheriff's Assoc. PAC

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code

460 W. 14th St. Ste. 220
Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/28/15

Full name of contributor out-of-state PAC (ID#: _____)

Lillian Lynette Phillips

Amount of contribution (\$)

\$ 1,000

Contributor address; City; State; Zip Code

9012 Villa Norte Dr.
Austin, TX 78724

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/29/15

Full name of contributor out-of-state PAC (ID#: _____)

Carlton Conley

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code

111 Soledad, # 1745
San Antonio, TX 78205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **Erany Cobb** 3 Filer ID (Ethics Commission Filers)

4 Date **5/29/15** 5 Full name of contributor out-of-state PAC (ID#: _____) **Ben Giergen** 7 Amount of contribution (\$) **\$ 1,000**
 6 Contributor address; City; State; Zip Code
11203 R.R. 2222, APT. 602 Austin, TX 78730

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date **5/29/15** Full name of contributor out-of-state PAC (ID#: _____) **Kristine Frost** Amount of contribution (\$) **\$ 1,000**
 Contributor address; City; State; Zip Code
1135 Canary Lane Seguin, TX 78155

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **5/29/15** Full name of contributor out-of-state PAC (ID#: _____) **Guadalupe Morin** Amount of contribution (\$) **\$ 100**
 Contributor address; City; State; Zip Code
3306 Gallop Cove Austin, TX 78745

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **5/30/15** Full name of contributor out-of-state PAC (ID#: _____) **Allison Benesch** Amount of contribution (\$) **\$ 300**
 Contributor address; City; State; Zip Code
1710 W. 29th St. Austin, TX 78703

Principal occupation / Job title (See Instructions) Employer (See Instructions)

(Empty section for additional contributions)

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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Erany Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/16/15

5 Full name of contributor

Charlie Jackson

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 50

6 Contributor address; City; State; Zip Code

1900 Metrie Blvd, J1103
Austin, TX 78758

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/18/15

Full name of contributor

Darryl Beatty

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250

Contributor address; City; State; Zip Code

11009 Franklins Tale Loop
Austin, TX 78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/18/15

Full name of contributor

Murray Grant

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000

Contributor address; City; State; Zip Code

5423 Briardiff Ln.
Fulshear, TX 77441

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/19/15

Full name of contributor

Erik Nielsen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

11330 Pebble Garden Lane
Austin, TX 78739

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Elary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/19/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Amber Urrutia

7 Amount of contribution (\$)

\$ 250

6 Contributor address; City; State; Zip Code

11001 Anatole Ct. Austin, TX 78748

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/19/15

Full name of contributor out-of-state PAC (ID#: _____)

Jerilyn Jean-Mary

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code

16905 Dawn Flower Cove Austin, TX 78738

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/19/15

Full name of contributor out-of-state PAC (ID#: _____)

Charles Strong

Amount of contribution (\$)

\$ 1,000

Contributor address; City; State; Zip Code

2012 Robert Dedman Dr. Austin, TX 78712

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/19/15

Full name of contributor out-of-state PAC (ID#: _____)

Hiawatha Franks

Amount of contribution (\$)

\$ 700

Contributor address; City; State; Zip Code

3205 Buck Way ~~Austin, TX~~
Alpharetta, GA 30004

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/9/15

5 Full name of contributor

Christina Corona

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250

6 Contributor address;

4411 Tello Path Austin, TX 78749

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/10/15

Full name of contributor

Sheryl O'Briant

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

2408 Briarcrest Austin, TX 78704

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/11/15

Full name of contributor

Beverly Silas

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

1843 Coronado Hills Dr. Austin, TX 78752

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/11/15

Full name of contributor

The Law Office of Sandra Ritz

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

910 Rio Grande St. Austin, TX 78701

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6/11/15

E Canyon Arnold

\$ 200

6 Contributor address; City; State; Zip Code
5417 Connally Ln, Austin, TX 78723

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

6/12/15

Steve Turro

\$ 100

Contributor address; City; State; Zip Code
404 W. 13th St Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

6/12/15

Russell Carter

\$ 300

Contributor address; City; State; Zip Code
4909 Oldfort Hill Dr. Austin, TX 78723

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

6/12/15

Homer Allen Hill, Jr.

\$ 250

Contributor address; City; State; Zip Code
5326 Valburn Circle Austin, TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Erany Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/13/15

5 Full name of contributor out-of-state PAC (ID#: _____)

TJ11, LLC

7 Amount of contribution (\$)

\$1,500

6 Contributor address; City; State; Zip Code

230 Westcott, Ste 220 Houston TX 77007

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/15/15

Full name of contributor out-of-state PAC (ID#: _____)

Rick Wetzel

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

1411 West Ave, Ste 100 Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/15/15

Full name of contributor out-of-state PAC (ID#: _____)

Steve McConnico

Amount of contribution (\$)

\$400

Contributor address; City; State; Zip Code

303 Colorado St, Ste 2400 Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/15/15

Full name of contributor out-of-state PAC (ID#: _____)

James Bryant

Amount of contribution (\$)

\$10

Contributor address; City; State; Zip Code

506 C.R. 344, Marble Falls, TX 78654

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gamy Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/15/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Sidney Williams

7 Amount of contribution (\$)

\$ 500

6 Contributor address; City; State; Zip Code

7901 Cameron Rd., Ste. 2-355
Austin, TX 78754

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/15/15

Full name of contributor

out-of-state PAC (ID#: _____)

Danielle Tierney

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

805 Post Oak St. Austin, TX
78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/17/15

Full name of contributor

out-of-state PAC (ID#: _____)

Dylania Deans

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

8105 Red Bird Ct.
Austin, TX 78726

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/18/15

Full name of contributor

out-of-state PAC (ID#: _____)

Minton, Burton, Bassett & Collins, P.C.

Amount of contribution (\$)

\$ 1,000

Contributor address; City; State; Zip Code

1100 Guadalupe St.
Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/18/15

5 Full name of contributor

Ellen Bailey

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100

6 Contributor address; City; State; Zip Code

11000 Tortoise St.
Round Rock, TX 78664

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/18/15

Full name of contributor

David Bailew

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

1800 Georgia Landing Cv.
Austin, TX 78740

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/18/15

Full name of contributor

Demetrie Mitchell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

21820 Adarito Ln.
Spicewood, TX 78669

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/18/15

Full name of contributor

David Beckwith

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

2711 Bartons Bluff Ln.
Austin, TX 78746

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Elsany Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/18/15

5 Full name of contributor

John Kleinert

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 200

6 Contributor address; City; State; Zip Code

6201 Turle Point Dr. Austin, TX 78740

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/18/15

Full name of contributor

William Gammon

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250

Contributor address; City; State; Zip Code

8307 Zyle Rd. Austin, TX 78740

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/19/15

Full name of contributor

Gregory Sapire

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250

Contributor address; City; State; Zip Code

2801 Via Fortuna, #350 Austin, TX 78740

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/19/15

Full name of contributor

Gail Vanwinkle

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

8112 Tahoe Parke Circle, Austin, TX 78740

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **Graham Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date **6/22/15**

5 Full name of contributor out-of-state PAC (ID#: _____)
LaTonya Gilass

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1813 Leander Ct., Allen, TX 75002

\$ 500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **6/24/15**

Full name of contributor out-of-state PAC (ID#: _____)
Tanisa Jeffers

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1203 Baylor St. Austin, TX 78703

\$ 350

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **6/24/15**

Full name of contributor out-of-state PAC (ID#: _____)
Milton Powell

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1910 Pacific Ave Ste. 15100 Dallas, TX 75201

\$ 250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **6/24/15**

Full name of contributor out-of-state PAC (ID#: _____)
William Hopkins

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3324 Silkgrass Bend Austin, TX 78748

\$ 250

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/24/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Anthony Daniels

7 Amount of contribution (\$)

\$ 400

6 Contributor address; City; State; Zip Code

3734 Mahogany Cv.
San Antonio, TX 78261

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/24/15

Full name of contributor out-of-state PAC (ID#: _____)

Cinnamon Sheffield

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code

701 Skylark Dr., Denton, TX
76205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/25/15

Full name of contributor out-of-state PAC (ID#: _____)

Heath Harris

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code

110 Pacific Ave, Ste. 15100
Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/25/15

Full name of contributor out-of-state PAC (ID#: _____)

Steve Urban

Amount of contribution (\$)

\$ 250

Contributor address; City; State; Zip Code

505 W. 12th St., Ste 206
Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date 12/25/15

5 Full name of contributor out-of-state PAC (ID#: _____)
Elroy Combs

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
9510 Rodney St.
Pineville, NC 75034

\$ 250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 12/21/15

Full name of contributor out-of-state PAC (ID#: _____)
Brandy Giann

Amount of contribution (\$)

Contributor address; City; State; Zip Code
122 La Vista St.
Austin, TX 78704

\$ 25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/21/15

Full name of contributor out-of-state PAC (ID#: _____)
Emily Scholten

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3004 E. 18th St., Unit A
Austin, TX 78702

\$ 50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/21/15

Full name of contributor out-of-state PAC (ID#: _____)
Jaek Boone

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6060 Mountain Villa Cove
Austin, TX 78731

\$ 25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/27/15

5 Full name of contributor

Elizabeth Lawson

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100

6 Contributor address; City; State; Zip Code

122 La Vista St.
Austin, TX 78704

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/27/15

Full name of contributor

Miguel Rodriguez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

1507 Garner Ave
Austin, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/27/15

Full name of contributor

David Chambers

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code

272 Quinn Dr.
Dripping Springs, TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/17/15

5 Full name of contributor

David Quintanilla

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

2817 Ravello Ridge Dr. Austin, TX, 78735

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/17/15

Full name of contributor

Bogdan Rentea

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

505 W 11th St #106 Austin, TX, 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/17/15

Full name of contributor

Cher Montalvo

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

7501 Vol Walker Dr. Austin, TX, 78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/18/15

Full name of contributor

Ariel Payan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1011 Rio Grande St. Austin, TX, 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

GARY COBB

3 Filer ID (Ethics Commission Filers)

4 Date

6/28/15

5 Full name of contributor out-of-state PAC (ID#: _____)

KATHRYN SCATES

7 Amount of contribution (\$)

\$200

6 Contributor address; City; State; Zip Code

102 West Oxford Dr. Pflugerville, TX, 78660

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/28/15

Full name of contributor out-of-state PAC (ID#: _____)

MYLAN SHAWNFIELD

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

1771 South Congress Ave #1315 Austin, TX, 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/15

Full name of contributor out-of-state PAC (ID#: _____)

HILDRETH & RUEDA

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

1301 Nueces St. #101 Austin, TX, 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/15

Full name of contributor out-of-state PAC (ID#: _____)

JOANN'S SKIN CARE

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

700 Homedale Austin, TX, 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/28/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Texas Sausage Company

6 Contributor address; City; State; Zip Code

2915 E 12th St. Austin, TX, 78702

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/28/15

Full name of contributor out-of-state PAC (ID#: _____)

Cecilia Crossley

Contributor address; City; State; Zip Code

3100 Catalina Dr. Austin, TX, 78741

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/15

Full name of contributor out-of-state PAC (ID#: _____)

Gary Bledsoe

Contributor address; City; State; Zip Code

316 W 12th St. Austin, TX, 78701

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/15

Full name of contributor out-of-state PAC (ID#: _____)

Ray Montague

Contributor address; City; State; Zip Code TX, 78660

3609 Grail Hollows Rd. Pflugerville

Amount of contribution (\$)

\$30

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Gary Cobb</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/28/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Harriet Murphy</i> 6 Contributor address; City; State; Zip Code <i>3638 Quirette Dr. Austin, TX, 78754</i>	7 Amount of contribution (\$) <i>\$100</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/28/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elaine Carter</i> Contributor address; City; State; Zip Code <i>4002 Palomar Ln. Austin, TX, 78727</i>	Amount of contribution (\$) <i>\$500</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/28/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dennis Folk</i> Contributor address; City; State; Zip Code <i>402 San Gabriel Georgetown TX, 78626</i>	Amount of contribution (\$) <i>\$50</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/28/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lisa Harris</i> Contributor address; City; State; Zip Code <i>45th Avenue F Austin, TX, 78751</i>	Amount of contribution (\$) <i>\$100</i>
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/28/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

The Bob & Sharon Real Estate Team

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

4904 Backtrail Dr. Austin, TX, 78731

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/28/15

Full name of contributor

out-of-state PAC (ID#: _____)

Thomas Martinez

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

4909 Calhoun Canyon Loop Austin, TX, 78735

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/15

Full name of contributor

out-of-state PAC (ID#: _____)

Robert Notzon

Amount of contribution (\$)

\$300

Contributor address;

City; State; Zip Code

509 W 16th St. Austin, TX, 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/15

Full name of contributor

out-of-state PAC (ID#: _____)

Berl Hancock

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

Stod Rumbling Range Austin TX, 78727

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/28/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Donna McCormick

7 Amount of contribution (\$)

\$50

6 Contributor address;

City; State; Zip Code

78756

5703 Shoalwood Ave. AUSTIN TX,

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/28/15

Full name of contributor

out-of-state PAC (ID#: _____)

John Lopez

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

6555 Needham Ln. Austin, TX, 78739

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/15

Full name of contributor

out-of-state PAC (ID#: _____)

Bob Mebane

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

700 Park Blvd. AUSTIN, TX, 78751

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Evelyn McKeel

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

7601 Glenhill Cv. AUSTIN, TX, 78757

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/28/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Gregg & Michelle Philipson

6 Contributor address; City; State; Zip Code

7807 Ginkgo Cr. Austin, TX, 78750

7 Amount of contribution (\$)

\$ 250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/28/15

Full name of contributor

out-of-state PAC (ID#: _____)

Darwin McKee

Contributor address; City; State; Zip Code

P.O. Box 14105 Austin, TX, 78761

Amount of contribution (\$)

\$ 250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/15

Full name of contributor

out-of-state PAC (ID#: _____)

Flynn Lee

Contributor address; City; State; Zip Code

P.O. Box 300293 Austin, TX, 78703

Amount of contribution (\$)

\$ 40

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/15

Full name of contributor

out-of-state PAC (ID#: _____)

Jeffrey Trullion

Contributor address; City; State; Zip Code

P.O. Box 2425 Austin, TX, 78768

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/24/15

5 Full name of contributor

Patrick Cantilo

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500

6 Contributor address;

City; State; Zip Code

11401 Century Oaks Ter. # 300 Austin, TX, 78758

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/24/15

Full name of contributor

Margaret Kercher

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1301 Nevels St Austin, TX, 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/24/15

Full name of contributor

Hines, Ranc, Holub

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

1307 Nevels St. Austin TX, 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/24/15

Full name of contributor

Rick Wetzel

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1411 West Ave. #100 Austin TX, 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/29/15

5 Full name of contributor out-of-state PAC (ID#: _____)

David Gottfried

7 Amount of contribution (\$)

\$ 750

6 Contributor address; City; State; Zip Code

1505 West 6th St. Austin, TX, 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/29/15

Full name of contributor out-of-state PAC (ID#: _____)

Bradley Houston

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

1813 Holly Hill Dr. Austin TX, 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/29/15

Full name of contributor out-of-state PAC (ID#: _____)

Christyne Harris Schultz

Amount of contribution (\$)

\$ 75

Contributor address; City; State; Zip Code

314 W 11th St. #460 Austin TX,

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/29/15

Full name of contributor out-of-state PAC (ID#: _____)

Jack Bacon

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

3839 Bee cone rd. #100 Austin TX,

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/24/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Maggie Ellis Leslie Hill

6 Contributor address; City; State; Zip Code

47 Woodstone Sq. Austin TX, 78703

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/24/15

Full name of contributor

out-of-state PAC (ID#: _____)

Oscar Britton Attorney at Law

Contributor address; City; State; Zip Code

505 W 12th St. #204 Austin TX, 78701

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/24/15

Full name of contributor

out-of-state PAC (ID#: _____)

Thomas Whitey

Contributor address; City; State; Zip Code

535 S. Mesa Hills Dr. Apt. 1121 El Paso TX

Amount of contribution (\$)

\$251

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/24/15

Full name of contributor

out-of-state PAC (ID#: _____)

Debbie Suniga

Contributor address; City; State; Zip Code

808 Mintem Lane Austin TX, 78748

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/30/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Adam Loewy

7 Amount of contribution (\$)

\$2,500

6 Contributor address; City; State; Zip Code

101 Colorado St. Apt. 1607 Austin TX, 78701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/30/15

Full name of contributor out-of-state PAC (ID#: _____)

James Ruiz

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

10801 Yucca Dr. Austin TX, 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/15

Full name of contributor out-of-state PAC (ID#: _____)

Elsie Craven

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

1117 Cripple Creek Dr. Austin TX, 78758

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/15

Full name of contributor out-of-state PAC (ID#: _____)

Fernando Martinez

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

12941 Heyerdahl Dr. Austin TX, 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/30/15

5 Full name of contributor

Joel Bennett

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500

6 Contributor address;

1404 Foxtail Cr. Austin TX, 78704

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/30/15

Full name of contributor

Joe Turner

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

1504 West Ave. Austin TX, 78701

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Cynthia Leigh

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

1617 CR 314 Lexington TX, 78751

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Blanca Zamora Garcia

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000

Contributor address;

1715 S. 1st St. Austin TX, 78704

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/30/15

5 Full name of contributor out-of-state PAC (ID#: _____)

John Rosshirt Sr.

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

4200 Jackson Ave. Apt. 1019 Austin TX, 78731

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/30/15

Full name of contributor out-of-state PAC (ID#: _____)

Jeb Boyd

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

5423 Shoemaker Austin TX, 78756

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/15

Full name of contributor out-of-state PAC (ID#: _____)

John Williams

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

6307 Waterbridge Ln. Austin TX, 78767

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/15

Full name of contributor out-of-state PAC (ID#: _____)

Bennie E. Ray PC

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

710 W. 14th St. Ste. C Austin TX, 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/30/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Matt Jones

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

7807 Rutgers Ave. Austin TX, 78757

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/30/15

Full name of contributor out-of-state PAC (ID#: _____)

Anna Maria Saldana

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

8113 Appomattox Dr. Austin TX, 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/15

Full name of contributor out-of-state PAC (ID#: _____)

Fitzgerald & Meissner PC

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code 78701

817 San Antonio St. Ste. 400 Austin TX,

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/15

Full name of contributor out-of-state PAC (ID#: _____)

~~Joe~~ Joseph Pinnelli

Amount of contribution (\$)

\$150

Contributor address; City; State; Zip Code

P.O. Box 50038 Austin TX, 78763

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

6/30/15

5 Full name of contributor

JAMES PINNELL

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250

6 Contributor address;

City; State; Zip Code

P.O. BOX 50038 AUSTIN, TX, 78763

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

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

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Gary Cobb		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 6/28/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nola & Elaine Carter	8 Amount of Contribution \$ 1,200	9 In-kind contribution description Event Supplies & BBA
7 Contributor address; City; State; Zip Code 4002 Palomar Ln. Austin, TX 78721		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 6/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Rogers	Amount of Contribution \$ 800.00	In-kind contribution description Event Supplies
Contributor address; City; State; Zip Code 2708 Barbours Bluff Ln, Austin, TX 78746		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney		Employer (FOR NON-JUDICIAL) (See Instructions) Porter, Rogers, Dahlman & Gordon P.C.	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 5/22/15	5 Payee name GMI Strategies, LLC
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6 Amount (\$) 2000.00	7 Payee address; City; State; Zip Code 401 W 15th St. #645 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/27/15	Payee name Office Max
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Amount (\$) 34.59	Payee address; City; State; Zip Code 907 W 5th St. Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/28/15	Payee name Matts El Rancho
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Amount (\$) 2,500.00	Payee address; City; State; Zip Code 2613 South Lamar Blvd. Austin, TX 787
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 5/22/15	5 Payee name Jonathan Stanich
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6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 5203 Shoal Creek Blvd, Austin, TX 78756
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/01/15	Payee name GMI Strategies, LLC
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Amount (\$) 1750.00	Payee address; City; State; Zip Code 401 W 15th St. #695 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/5/15	Payee name GMI Strategies, LLC
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Amount (\$) 2000.00	Payee address; City; State; Zip Code 401 W 15th Street #695 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 6/12/15	5 Payee name Carisa Lopez
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6 Amount (\$) 514.00	7 Payee address; City; State; Zip Code 3200 S 1st St., Apt. 1002 Austin, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/22/15	Payee name Target
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Amount (\$) 153.89	Payee address; City; State; Zip Code 5621 N IH35 Austin, TX 78723
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/29/15	Payee name Austin Chair & Table Rental
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Amount (\$) 86.62	Payee address; City; State; Zip Code Austin, TX 78753
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME Gary Cobb	3 Filer ID (Ethics Commission Filers)
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4 Date 6/26/15	5 Payee name Checkmark Typesetting
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6 Amount (\$) 1543.65	7 Payee address; City; State; Zip Code 3217 N. IH35 Austin, TX 78722
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/29/15	Payee name Manor FFA
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Amount (\$) 35.00	Payee address; City; State; Zip Code P.O. Box 724 Manor, TX 79653
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/29/15	Payee name Wells Fargo
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Amount (\$) 9.00	Payee address; City; State; Zip Code 605 W 15th St. Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 6/29/15	5 Payee name Target
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6 Amount (\$) 6.50	7 Payee address; City; State; Zip Code 5621 N IH35 Austin, TX 78723
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
	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:	2 FILER NAME <i>GARY COBB</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/7/15</i>	5 Payee name <i>RALLY</i>	
6 Amount (\$) <i>\$4,25</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>5/6/15</i>	Payee name <i>RALLY</i>	
Amount (\$) <i>\$2,77</i>	Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>GARY COBB</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/18/15</i>	5 Payee name <i>RALLY</i>	
6 Amount (\$) <i>\$39.80</i>	7 Payee address; City; State; Zip Code <i>SSO HOWARD ST. #407 SAN FRANCISCO, CA, 94115</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FUNDRAISING</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>5/14/15</i>	Payee name <i>RALLY</i>	
Amount (\$) <i>\$10.05</i>	Payee address; City; State; Zip Code <i>SSO HOWARD ST. #407 SAN FRANCISCO, CA, 94115</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FUNDRAISING</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>5/8/15</i>	Payee name <i>RALLY</i>	
Amount (\$) <i>\$4.75</i>	Payee address; City; State; Zip Code <i>SSO HOWARD ST. #407 SAN FRANCISCO, CA, 94115</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FUNDRAISING</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Gary Cobb	3 Filer ID (Ethics Commission Filers)
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4 Date 5/20/15	5 Payee name RALLY
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6 Amount (\$) \$20105	7 Payee address; City; State; Zip Code 580 Howard St. #407 San Francisco, CA, 94105
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FUNDRAISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/20/15	Payee name RALLY
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Amount (\$) \$395.30	Payee address; City; State; Zip Code 580 Howard St. #407 San Francisco, CA, 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FUNDRAISING	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/18/15	Payee name RALLY
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Amount (\$) \$20105	Payee address; City; State; Zip Code 580 Howard St. #407 San Francisco, CA, 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FUNDRAISING	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME Gary Cobb		3 Filer ID (Ethics Commission Filers)	
4 Date 5/22/15		5 Payee name RALLY			
6 Amount (\$) \$79,30		7 Payee address: City: State: Zip Code 580 Howard St. #402 San Francisco, CA, 94105			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fundraising		(b) Description <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		Office sought	
Date 5/22/15		Payee name RALLY			
Amount (\$) \$79,30		Payee address: City: State: Zip Code 580 Howard St. #402 San Francisco, CA, 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising		Description <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	
Date 5/20/15		Payee name RALLY			
Amount (\$) \$20,05		Payee address: City: State: Zip Code 580 Howard St. #402 San Francisco, CA, 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising		Description <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/26/15</i>	5 Payee name <i>RALLY</i>	
6 Amount (\$) <i>\$ 79.30</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #407 San Francisco, CA, 94105</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>5/25/15</i>	Payee name <i>RALLY</i>	
Amount (\$) <i>\$ 8.70</i>	Payee address; City; State; Zip Code <i>580 Howard St. #407 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>5/23/15</i>	Payee name <i>RALLY</i>	
Amount (\$) <i>\$ 70.05</i>	Payee address; City; State; Zip Code <i>580 Howard St. #407 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fund raising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/26/15</i>	5 Payee name <i>RALLY</i>	
6 Amount (\$) <i>\$20.05</i>	7 Payee address: City: State: Zip Code <i>580 Howard St. # 402 San Francisco, CA, 94105</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>5/26/15</i>	Payee name <i>RALLY</i>	
Amount (\$) <i>\$79.30</i>	Payee address: City: State: Zip Code <i>580 Howard St. # 402 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>5/26/15</i>	Payee name <i>RALLY</i>	
Amount (\$) <i>\$20.05</i>	Payee address: City: State: Zip Code <i>580 Howard St. # 402 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Barry Cobb</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/26/15</i>	5 Payee name <i>Rally</i>	
6 Amount (\$) <i>\$395.30</i>	7 Payee address; City; State; Zip Code <i>580 Howard St #407 San Francisco, CA, 94105</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>5/26/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$20.05</i>	Payee address; City; State; Zip Code <i>580 Howard St #407 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>5/26/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$20.05</i>	Payee address; City; State; Zip Code <i>580 Howard St #407 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/27/15</i>	5 Payee name <i>RALLY</i>
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6 Amount (\$) <i>\$810</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/27/15</i>	Payee name <i>RALLY</i>
------------------------	----------------------------

Amount (\$) <i>\$810</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/27/15</i>	Payee name <i>RALLY</i>
------------------------	----------------------------

Amount (\$) <i>\$395.30</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/19/15</i>	5 Payee name <i>RALLY</i>
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6 Amount (\$) <i>\$79.30</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/18/15</i>	Payee name <i>RALLY</i>
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Amount (\$) <i>\$12.15</i>	Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/17/15</i>	Payee name <i>RALLY</i>
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Amount (\$) <i>\$20.05</i>	Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
	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:	2 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/9/15</i>	5 Payee name <i>RALLY</i>
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6 Amount (\$) <i>\$10.05</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #407 San Francisco, CA, 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/9/15</i>	Payee name <i>RALLY</i>
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Amount (\$) <i>\$10.05</i>	Payee address; City; State; Zip Code <i>580 Howard St. #407 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/9/15</i>	Payee name <i>RALLY</i>
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Amount (\$) <i>\$8.10</i>	Payee address; City; State; Zip Code <i>580 Howard St. #407 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/11/15</i>	5 Payee name <i>Rally</i>
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6 Amount (\$) <i>\$8.10</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #407 San Francisco, CA, 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/11/15</i>	Payee name <i>Rally</i>
------------------------	----------------------------

Amount (\$) <i>\$8.10</i>	Payee address; City; State; Zip Code <i>580 Howard St. #407 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/10/15</i>	Payee name <i>Rally</i>
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Amount (\$) <i>\$39.80</i>	Payee address; City; State; Zip Code <i>580 Howard St. #407 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/15/15</i>	5 Payee name <i>RALLY</i>	
6 Amount (\$) <i>\$10.05</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>6/15/15</i>	Payee name <i>RALLY</i>	
Amount (\$) <i>\$39.80</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>6/17/15</i>	Payee name <i>RALLY</i>	
Amount (\$) <i>\$10.05</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/17/15</i>	5 Payee name <i>RALLY</i>	
6 Amount (\$) <i>\$ 8.00</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>6/15/15</i>	Payee name <i>RALLY</i>	
Amount (\$) <i>\$ 8.00</i>	Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>6/15/15</i>	Payee name <i>RALLY</i>	
Amount (\$) <i>\$ 1.09</i>	Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/14/15</i>	5 Payee name <i>RALLY</i>
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6 Amount (\$) <i>\$27.95</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. # 402 San Francisco, CA, 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/14/15</i>	Payee name <i>RALLY</i>
------------------------	----------------------------

Amount (\$) <i>\$10.05</i>	Payee address; City; State; Zip Code <i>580 Howard St. # 402 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/18/15</i>	Payee name <i>RALLY</i>
------------------------	----------------------------

Amount (\$) <i>\$10.05</i>	Payee address; City; State; Zip Code <i>580 Howard St. # 402 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME <i>Gary Cobb</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6/25/15</i>		5 Payee name <i>RALLY</i>			
6 Amount (\$) <i>\$10.05</i>		7 Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>		(b) Description <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		Office sought Office held	

Date <i>6/25/15</i>		Payee name <i>RALLY</i>			
Amount (\$) <i>\$10.05</i>		Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fundraising</i>		Description <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	

Date <i>6/4/15</i>		Payee name <i>RALLY</i>			
Amount (\$) <i>\$10.05</i>		Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fundraising</i>		Description <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/26/15</i>	5 Payee name <i>RALLY</i>
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6 Amount (\$) <i>\$2.17</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/26/15</i>	Payee name <i>RALLY</i>
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Amount (\$) <i>\$4.15</i>	Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/15/15</i>	Payee name <i>RALLY</i>
------------------------	----------------------------

Amount (\$) <i>\$8.10</i>	Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/27/15</i>	5 Payee name <i>RALLY</i>
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6 Amount (\$) <i>\$39.80</i>	7 Payee address; City; State; Zip Code <i>550 Howard St. #407 San Francisco, CA 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/27/15</i>	Payee name <i>RALLY</i>
------------------------	----------------------------

Amount (\$) <i>\$8.80</i>	Payee address; City; State; Zip Code <i>550 Howard St. #407 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/27/15</i>	Payee name <i>RALLY</i>
------------------------	----------------------------

Amount (\$) <i>\$8.80</i>	Payee address; City; State; Zip Code <i>550 Howard St. #407 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/18/15</i>	5 Payee name <i>RUIY</i>	
6 Amount (\$) <i>\$10.05</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>6/18/15</i>	Payee name <i>RUIY</i>	
Amount (\$) <i>\$8.10</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>6/17/15</i>	Payee name <i>RUIY</i>	
Amount (\$) <i>\$8.10</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/19/15</i>	5 Payee name <i>RAMY</i>
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6 Amount (\$) <i>\$39.80</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/19/15</i>	Payee name <i>RAMY</i>
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Amount (\$) <i>\$24</i>	Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/19/15</i>	Payee name <i>RAMY</i>
------------------------	---------------------------

Amount (\$) <i>\$8.10</i>	Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
	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:	2 FILER NAME <i>Garl Cobb</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/29/15</i>	5 Payee name <i>RALLY</i>	
6 Amount (\$) <i>\$4,05</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/29/15</i>	Payee name <i>RALLY</i>		
Amount (\$) <i>\$10.05</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/29/15</i>	Payee name <i>RALLY</i>		
Amount (\$) <i>\$8.10</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	----------------------------------	---------------------------------------

4 Date <i>6/29/15</i>	5 Payee name <i>RALLY</i>
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6 Amount (\$) <i>\$4.25</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/29/15</i>	Payee name <i>RALLY</i>
------------------------	----------------------------

Amount (\$) <i>\$8.20</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/29/15</i>	Payee name <i>RALLY</i>
------------------------	----------------------------

Amount (\$) <i>\$8.20</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	----------------------------------	---------------------------------------

4 Date <i>6/30/15</i>	5 Payee name <i>RALLY</i>
--------------------------	------------------------------

6 Amount (\$) <i>\$8.10</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/19/15</i>	Payee name <i>RALLY</i>
------------------------	----------------------------

Amount (\$) <i>\$2.27</i>	Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/19/15</i>	Payee name <i>RALLY</i>
------------------------	----------------------------

Amount (\$) <i>\$39.80</i>	Payee address; City; State; Zip Code <i>580 Howard St. #404 San Francisco, CA, 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
	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:	2 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/30/15</i>	5 Payee name <i>RALLY</i>	
6 Amount (\$) <i>\$197.80</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #407 San Francisco, CA, 94105</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>6/30/15</i>	Payee name <i>RALLY</i>		
Amount (\$) <i>\$8.10</i>	Payee address; City; State; Zip Code <i>580 Howard St. #407 San Francisco, CA, 94105</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <i>6/30/15</i>	Payee name <i>RALLY</i>		
Amount (\$) <i>\$10.05</i>	Payee address; City; State; Zip Code <i>580 Howard St. #407 San Francisco, CA, 94105</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/30/15</i>	5 Payee name <i>RALLY</i>	
6 Amount (\$) <i>\$20.05</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>6/30/15</i>	Payee name <i>RALLY</i>	
Amount (\$) <i>\$8.20</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FUNDRAISING</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>6/30/15</i>	Payee name <i>RALLY</i>	
Amount (\$) <i>\$8.20</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
	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:	2 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/30/15</i>	5 Payee name <i>RALLY</i>	
6 Amount (\$) <i>\$ 8.20</i>	7 Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/30/15</i>	Payee name <i>RALLY</i>		
Amount (\$) <i>\$ 4.25</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>		

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/30/15</i>	Payee name <i>RALLY</i>		
Amount (\$) <i>\$ 20.05</i>	Payee address; City; State; Zip Code <i>580 Howard St. #402 San Francisco, CA, 94105</i>		

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 7/1/15	6 Payee name Strategic Association Management
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7 Amount (\$) 600.00	8 Payee address; City; State; Zip Code 401 W 15th Street, #695 Austin, Tx 78701
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/1/15	Payee name Carisa Lopez
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Amount (\$) 550.00	Payee address; City; State; Zip Code 3200 S 1st St., Apt 1002 Austin, Tx 78704
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 7/1/15	6 Payee name Christian Smith
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7 Amount (\$) 1323.00	8 Payee address; City; State; Zip Code 2810 Salado St. # 124 Austin, TX 78705
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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