

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8720

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: Mr.      FIRST: Gary NICKNAME:      LAST: Cobb MI: A.      SUFFIX:	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="font-size: small; margin: 0;">Date Received</p> <div style="text-align: center; font-size: x-small; margin: 5px 0;">                         Dana DeBeauvoir                          County Clerk                          Travis County, Texas                     </div> <p style="font-size: x-small; margin: 0;">2016 JAN 15 PM 1:55</p> <p style="font-size: x-small; margin: 0;">FILED FOR RECORD</p> <hr/> <p style="font-size: x-small; margin: 0;">Date hand-delivered or Postmarked</p> <hr/> <p style="font-size: x-small; margin: 0;">Receipt #      Amount</p> <hr/> <p style="font-size: x-small; margin: 0;">Date Processed</p> <hr/> <p style="font-size: x-small; margin: 0;">Date Imaged</p> </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE P.O. Box 685008 Austin, TX 78768		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: ( 512 )      PHONE NUMBER: 420-0037      EXTENSION:		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: Ms.      FIRST: Beverly NICKNAME:      LAST: Reeves MI:      SUFFIX:		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE 401 W 15 <sup>th</sup> Street, Suite 695      Austin, TX      78701		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: ( 512 )      PHONE NUMBER: 420-0037      EXTENSION:		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 07 / 01 / 2015      THROUGH      12 / 31 / 2015		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year 03 / 01 / 2016	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>  Travis County District Attorney	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 37,935.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 58,164.95

CONTRIBUTION  
BALANCE

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

\$ 45,752.72

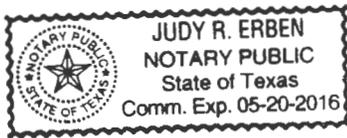
OUTSTANDING  
LOAN TOTALS

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.



*Gary Cobb*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gary Cobb, this the 15th day of January, 20 16, to certify which, witness my hand and seal of office.

*Judy R. Erben*  
Signature of officer administering oath

Judy R. Erben  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **32**

2 FILER NAME

**Gary Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/1/2015**

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

**Angela Anderson**

7 Amount of contribution (\$)

**100.<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**111 Bella Cima Dr. Austin, TX 78734**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**10/1/2015**

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

**Gustavo Artaza**

Amount of contribution (\$)

**1,000.<sup>00</sup>**

Contributor address; City; State; Zip Code

**1112 W. Ben White Blvd Austin, TX 78704**

Principal occupation / Job title (See Instructions)

**Educator**

Employer (See Instructions)

**ISA**

Date

**10/1/2015**

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

**Barnett Austin Realty LTD**

Amount of contribution (\$)

**500.<sup>00</sup>**

Contributor address; City; State; Zip Code

**4343 I-10 East Baytown, TX 77521**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/12/2015**

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

**Gerald Baum**

Amount of contribution (\$)

**100.<sup>00</sup>**

Contributor address; City; State; Zip Code

**8608 Tallwood Dr Austin, TX 78759**

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

*12/17/2015*

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

*Pam Beachley*

7 Amount of contribution (\$)

*250.00*

6 Contributor address; City; State; Zip Code

*602 W. 13<sup>th</sup> Suite A Austin, TX 78701*

8 Principal occupation / Job title (See Instructions)

*Attorney*

9 Employer (See Instructions)

*Self*

Date

*12/31/2015*

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

*Pam Beachley*

Amount of contribution (\$)

*250.00*

Contributor address; City; State; Zip Code

*602 W. 13<sup>th</sup> Suite A Austin, TX 78701*

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Self*

Date

*10/3/2015*

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

*Roger Beasley*

Amount of contribution (\$)

*2,500.00*

Contributor address; City; State; Zip Code

*6503 Santolina Cove Austin, TX 78731*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9/10/2015*

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

*Susan Jo Berk*

Amount of contribution (\$)

*50.00*

Contributor address; City; State; Zip Code

*2013 Emma Long St. Austin, TX 78723*

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

*9/22/2015*

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

*Betty Blackwell Attorney at Law*

7 Amount of contribution (\$)

*500.00*

6 Contributor address; City; State; Zip Code

*1306 Nueces St. Austin, TX 78701*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*10/7/2015*

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

*Blackburn Betts PLLC*

Amount of contribution (\$)

*1,500.00*

Contributor address; City; State; Zip Code

*1106 San Antonio St. Austin, TX 78701*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/17/2015*

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

*Betty Blackwell Attorney at Law*

Amount of contribution (\$)

*500.00*

Contributor address; City; State; Zip Code

*1306 Nueces St. Austin, TX 78701*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/21/2015*

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

*Kim Bloom*

Amount of contribution (\$)

*100.00*

Contributor address; City; State; Zip Code

*713 E. 32nd St. Austin, TX 78705*

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*TCDA*

**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

*12/31/2015*

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

*Keith Braithwaite*

7 Amount of contribution (\$)

*50.00*

6 Contributor address; City; State; Zip Code

*303 Camille Ct. Pflugerville, TX 78660*

8 Principal occupation / Job title (See Instructions)

*Retired*

9 Employer (See Instructions)

*Retired*

Date

*8/13/2015*

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

*Bruce Fox Attorney at Law*

Amount of contribution (\$)

*500.00*

Contributor address; City; State; Zip Code

*404 W. 13th St. Austin, TX 78701*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/8/2015*

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

*Cecilia Burke*

Amount of contribution (\$)

*250.00*

Contributor address; City; State; Zip Code

*6500 Santolina Cove Austin, TX 78731*

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

*Retired*

Date

*12/31/2015*

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

*Gregory Burton*

Amount of contribution (\$)

*100.00*

Contributor address; City; State; Zip Code

*7121 Hart Ln #1111 Austin, TX 78731*

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Travis County*

**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

*10/2/2015*

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

*Charlie Cain*

7 Amount of contribution (\$)

*250.00*

6 Contributor address; City; State; Zip Code

*400 W. 15<sup>th</sup> St. Austin, TX 78745*

8 Principal occupation / Job title (See Instructions)

*Attorney*

9 Employer (See Instructions)

*Cain & Skannalis PLLC*

Date

*10/8/2015*

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

*Margo Carrico*

Amount of contribution (\$)

*25.00*

Contributor address; City; State; Zip Code

*207 E 46<sup>th</sup> St. Austin, TX 78751*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/8/2015*

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

*Elaine Casas*

Amount of contribution (\$)

*150.00*

Contributor address; City; State; Zip Code

*1325 Blairview Ln Austin, TX 78748*

Principal occupation / Job title (See Instructions)

*Asst. Purchasing Agent*

Employer (See Instructions)

*Travis County*

Date

*12/31/2015*

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

*Gress Cox & Amy Casner*

Amount of contribution (\$)

*200.00*

Contributor address; City; State; Zip Code

*101 Sundown Ridge 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

*Garry Cobb*

3 Filer ID (Ethics Commission Filers)

4 Date

*10/8/2015*

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

*Veronica Chidester*

7 Amount of contribution (\$)

*30.00*

6 Contributor address; City; State; Zip Code

*5233 Hutchinson Dr. Austin, TX 78723*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*10/11/2015*

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

*Virginia Corona*

Amount of contribution (\$)

*100.00*

Contributor address; City; State; Zip Code

*10011 Wild Dune Dr. Austin, TX 78747*

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

*Retired*

Date

*10/11/2015*

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

*Christina Corona*

Amount of contribution (\$)

*100.00*

Contributor address; City; State; Zip Code

*4411 Tello Path Austin, TX 78749*

Principal occupation / Job title (See Instructions)

*Engineering Manager*

Employer (See Instructions)

*Freescale*

Date

*12/4/2015*

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

*Joe Crews*

Amount of contribution (\$)

*500.00*

Contributor address; City; State; Zip Code

*1606 Rockmass Austin, TX 78703*

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Crews Law Firm*

**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

*12/30/2015*

5 Full name of contributor

*Carla Cristford*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*100.00*

6 Contributor address;

City; State; Zip Code

*PO Box 3446 Austin, TX 78764*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*9/30/2015*

Full name of contributor

*William Couch*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*500.00*

Contributor address;

City; State; Zip Code

*2800 Barkans Bluff Ln Austin, TX 78746*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/6/2015*

Full name of contributor

*Beverly Dale*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*2,500.00*

Contributor address;

City; State; Zip Code

*1111 W. 12<sup>th</sup> St. #115 Austin, TX 78703*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/6/2015*

Full name of contributor

*Melissa De La Cruz*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*100.00*

Contributor address;

City; State; Zip Code

*1400 W. 6<sup>th</sup> St. Austin, TX 78733*

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

*Gray Cobb*

3 Filer ID (Ethics Commission Filers)

4 Date

*10/8/2015*

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

*Dylanina Owens*

7 Amount of contribution (\$)

*100.00*

6 Contributor address; City; State; Zip Code

*8105 Red Bird Ct. Austin, TX 78706*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*9/18/2015*

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

*Martha Dickie*

Amount of contribution (\$)

*250.00*

Contributor address; City; State; Zip Code

*503 Brookhaven Trl Austin, TX 78746*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/3/2015*

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

*Chris Dorban*

Amount of contribution (\$)

*250.00*

Contributor address; City; State; Zip Code

*7000 N. Mopac Expwy Ste 200 Austin, TX 78731*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/8/2015*

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

*Emily Edwards*

Amount of contribution (\$)

*25.00*

Contributor address; City; State; Zip Code

*800 W. 38th St #1209 Austin, TX 78705*

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>12/3/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sarah Bird George Jones</i> 6 Contributor address; City; State; Zip Code <i>6102 Mountainclimb Dr Austin, TX 78731</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/3/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Jones</i> Contributor address; City; State; Zip Code <i>2918 Ranch Rd 620 #161 Austin, TX 78734</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/1/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Trennis Jones</i> Contributor address; City; State; Zip Code <i>22 Pascal Ln. Austin, TX 78746</i>	Amount of contribution (\$) <i>200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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>11/30/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Hines</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>1307 Nueces St. Austin, TX 78701</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/17/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Corby Holcomb</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>199 Wild Plum Way Austin, TX 78787</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/5/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Frost Attorney at Law</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>113 W Gonzalez St. Seguin, TX 78155</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/1/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arthur Johnson</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 4731 Austin, TX 78765</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

12/30/2015

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

Ellen Halbert

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

5105 Scenic View Dr Austin, TX 78746

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/14/2015

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

Barrett Hansen

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

220 Heimer Ln Canyon Lake, TX 78133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/2015

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

Susan Henricks

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

Tarry hollow Dr Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/2015

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

Charlotte Herzfeld

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

3916 Ave H Austin, TX 78751

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 <i>Gary Cobb</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/17/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benjamin Gergen</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>3301-B Thomas Kinchon St. Austin, TX 78745</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/11/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marquise Goodwin</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>1701 Directors Blvd, Ste 300 Austin, TX 78744</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/20/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marcy and Sam Greer</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>2006 Wychwood Dr. Austin, TX 78746</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/4/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dahlia Gutierrez</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>722 Simmons Rd Austin, TX 78755</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 Lobb

3 Filer ID (Ethics Commission Filers)

4 Date

12/31/2015

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

Jeanie Garrett

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

5217 Old Spicewood Springs Dr. Austin, TX 78731

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/1/2015

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

Rickey Garrett

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4324 N. Hazel Unit S1 Chicago, IL 60613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/2015

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

Cody Garnett

Amount of contribution (\$)

15.00

Contributor address; City; State; Zip Code

14573 FM 812 Del Valle TX 78617

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/2015

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

Charles Grates

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

8108 Forest Mesa Dr. Austin, TX 78759

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

Guy Colts

3 Filer ID (Ethics Commission Filers)

4 Date

10/9/2015

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

Laurie Eisertoh

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

3900 Avenue C Austin, TX 78757

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/8/2015

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

Chris Elliott

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

1705 Rabb Rd Austin, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/23/2015

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

Ross Fichtorn

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

5712 Taylorcrest Dr. Austin, TX 78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/2015

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

Barbara Foreman

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

11109 ~~B~~ ~~B~~ <sup>Bleich</sup> Ln. Austin, TX 78754

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 <i>Gary Cobb</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/8/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amanda Balch</i> 6 Contributor address; City; State; Zip Code <i>507 Prosser St, # 3140 Austin, TX 78704</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/1/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vanessa Wilkins Dyer</i> Contributor address; City; State; Zip Code <i>3805 Kenora Ct. Austin TX 78738</i>	Amount of contribution (\$) <i>\$150.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/22/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Regina Williams</i> Contributor address; City; State; Zip Code <i>1904 Overland Hills Cir. Austin TX 78704</i>	Amount of contribution (\$) <i>\$500.00</i> <del>_____</del>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/8/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Allison Wetzel</i> Contributor address; City; State; Zip Code <i>1310 Shannon Oaks Tr., Austin TX 78746</i>	Amount of contribution (\$) <i>\$100.00</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 <i>Gary Cobb</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/31/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynae Whittington</i> 6 Contributor address; City; State; Zip Code <i>3401 Clawson Rd., Austin TX 78704</i>	7 Amount of contribution (\$) <i>\$ 20<sup>00</sup></i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/31/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daryl Weinman</i> Contributor address; City; State; Zip Code <i>8200 NMOPAC #230 Austin TX 78759</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/30/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alide Webb</i> Contributor address; City; State; Zip Code <i>1034 Liberty Park # 1127 Austin TX 78716</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/18/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Red Wassenich</i> Contributor address; City; State; Zip Code <i>11ell Weterson Ln, Austin TX 78703</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>
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

*10/1/15*

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

*Washington-Worden*

7 Amount of contribution (\$)

*\$ 250<sup>00</sup>*

6 Contributor address; City; State; Zip Code

*12317 Gatling Gun Austin TX 78739*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*9/16/15*

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

*Mark Walters*

Amount of contribution (\$)

*\$ 250<sup>00</sup>*

Contributor address; City; State; Zip Code

*6208 Harrogate Dr. Austin TX 78759*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/8/15*

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

*Monica Walker*

Amount of contribution (\$)

*\$ 250<sup>00</sup>*

Contributor address; City; State; Zip Code

*5317 Spirea Cr. Austin TX 78749*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/6/15*

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

*L David and Vickie Vogel*

Amount of contribution (\$)

*\$ 100<sup>00</sup>*

Contributor address; City; State; Zip Code

*2700 Kinney Oaks Ct. Austin TX 78745*

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

8/19/15

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

Rene Vargas

6 Contributor address; City; State; Zip Code

507 W 10th St Austin TX 78703

7 Amount of contribution (\$)

\$ 250<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/6/15

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

Texanna Turner

Contributor address; City; State; Zip Code

6104 Whipple Way Austin TX 78745

Amount of contribution (\$)

\$ 100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/15

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

Deborah Trejo

Contributor address; City; State; Zip Code

1717 Briar St. Austin TX 78704

Amount of contribution (\$)

\$ 100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/15

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

Allison Tisdale

Contributor address; City; State; Zip Code

4602 Oso Pkwy Corpus Christi TX 78413

Amount of contribution (\$)

\$ 250<sup>00</sup>

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>12/31/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lisa Tipps</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box 300038 Austin TX 78703</i>	7 Amount of contribution (\$) <i>\$ 25<sup>00</sup></i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/13/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth Thompson</i> Contributor address; City; State; Zip Code <i>1117 Haverford Dr Austin TX 78753</i>	Amount of contribution (\$) <i>\$ 50<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/8/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sherine Thomas</i> Contributor address; City; State; Zip Code <i>2910 Kassarine Pass Austin TX 78704</i>	Amount of contribution (\$) <i>\$ 200<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/6/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George Thomas</i> Contributor address; City; State; Zip Code <i>923 E. 41<sup>st</sup> St Austin TX 78751</i>	Amount of contribution (\$) <i>25<sup>00</sup></i>
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 <i>Gary Cobb</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/13/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karen Sanleitner</i>	7 Amount of contribution (\$) <i>\$ 250<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>1712 Pasadena Dr Austin TX 78757</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/31/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JD Slaughter</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>7012 Wandering Oak Rd Austin TX 78749</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/1/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shene Brooks</i>	Amount of contribution (\$) <i>\$ 250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>2952 Barton Skwy Apt 489</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/6/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don and Linda Shafer</i>	Amount of contribution (\$) <i>\$ 250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>Po Box 5523 Austin TX 78763</i>		
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 Cook

3 Filer ID (Ethics Commission Filers)

4 Date

10/1/15

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

Brooke Teller

7 Amount of contribution (\$)

\$ 50<sup>00</sup>

6 Contributor address; City; State; Zip Code

310 Camino Arbolado, Lakeway TX 78734

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/8/15

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

Karla Taylor

Amount of contribution (\$)

\$ 20<sup>00</sup>

Contributor address; City; State; Zip Code

8316 Summerwood Dr., Austin TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/25/15

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

Mary Ross Taylor

Amount of contribution (\$)

\$ 100<sup>00</sup>

Contributor address; City; State; Zip Code

510 Lovett Blvd #401 Houston TX 77266

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/15

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

Ellen Sweets

Amount of contribution (\$)

\$ 50<sup>00</sup>

Contributor address; City; State; Zip Code

5300 Summer Dr., Austin TX 78741

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 <i>Gary Cobb</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/8/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julie Stone Frederick</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>4104 Sun Spirit Dr., Austin TX 78735</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/20/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Stewart</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>3000 S IH-35 #150 Austin TX 78704</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/1/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dorothy Stevenson</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>320 Camino Arbolado, Austin TX 78734</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/31/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher Steele</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>8925 IH-10W San Antonio TX 78109</i>		
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

8/3/15

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

Lee Thomas

7 Amount of contribution (\$)

\$ 6,500<sup>00</sup>

6 Contributor address; City; State; Zip Code

98 San Jacinto Blvd #2401 Austin TX 78701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/1/15

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

Kshitij and Ashima

Amount of contribution (\$)

\$ 100<sup>00</sup>

Contributor address; City; State; Zip Code

16113 Zagros Way Austin TX 78738

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/15

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

Emily Scholten

Amount of contribution (\$)

\$ 50<sup>00</sup>

Contributor address; City; State; Zip Code

3004 E 18th St #A Austin TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/15

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

Garrett Scabes

Amount of contribution (\$)

250<sup>00</sup>

Contributor address; City; State; Zip Code

7417 Turnbroy Dr, Austin TX 78730

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

12/21/15

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

Lawrence Sever

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address; City; State; Zip Code

6117 Highendale Dr Austin TX 78731

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/20/15

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

Samuel Rosen

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

2424 Woodridge Dr Austin TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/13/15

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

Patty Robertson

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

314 W 11th St #200 Austin TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/15

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

Joseph Reynolds

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

2611 W 49th St Austin TX 78731

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

12/12/15

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

Velva Price

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

1601 Ridgement Dr Austin TX 78723

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/24/15

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

Velva Price

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

1601 Ridgement Dr Austin TX 78723

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25/2015

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

Janis Pinnelli

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

PO Box 56638 Austin TX 78763

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/2015

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

Collin Phillips

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

2210 Euclid Ave Austin TX 78709

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 Cobl

3 Filer ID (Ethics Commission Filers)

4 Date

10/1/15

5 Full name of contributor

Jana Perry

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$1000<sup>00</sup>

6 Contributor address;

City; State; Zip Code

1612 Resaca Blvd Austin TX 78738

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/1/15

Full name of contributor

Nona Niland

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address;

City; State; Zip Code

210 Lavaca St. #3005 Austin TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/15

Full name of contributor

Anthony Nelson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250<sup>00</sup>

Contributor address;

City; State; Zip Code

8217 Bertridg Bend Cr, TX 78729

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/15

Full name of contributor

Mary Ann Neely

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50<sup>00</sup>

Contributor address;

City; State; Zip Code

1908 Barton Skwy Austin TX 78704

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

12/12/15

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

John A Neal

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

810 Blue Springs Cir Round Rock TX 78746

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/1/15

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

Dawit Mulugheta

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

1139 Midden Ridge Mesquite TX 75181

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7/15

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

Peggy Norton

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

3514 Pinnacle Rd Austin TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/15

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

Gloria Moreno

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

2714 Inridge Dr 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

12/12/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Adrian Moore

7 Amount of contribution (\$)

\$ 50<sup>00</sup>

6 Contributor address;

City; State; Zip Code

2204 Toco Canyon Austin TX 78746

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/11/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Craig Moore

Amount of contribution (\$)

\$ 150<sup>00</sup>

Contributor address;

City; State; Zip Code

13405 Capadocia Cv Austin TX 78727

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Harry Miller

Amount of contribution (\$)

\$ 250<sup>00</sup>

Contributor address;

City; State; Zip Code

1402 Foxwood Cv Austin TX 78709

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/2015

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MelKinley Melancon

Amount of contribution (\$)

\$ 500<sup>00</sup>

Contributor address;

City; State; Zip Code

401 Congress Ave #1450 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

12/14/15

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

Robert McFarland

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

4109 Resedale Ave <sup>Austin</sup> TX 78756

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/15/15

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

Kathy McClain

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

301 Rocky Spring Rd Winderly TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/12/15

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

Herbert Martinez

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

7305 Fire Cv. Austin TX 78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/15

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

Gary Duncan Martin

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

4501 Whispering Valley Dr #25 Austin tx 78727

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

9/28/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lou McCreary

7 Amount of contribution (\$)

~~100~~ \$100.00

6 Contributor address;

City; State; Zip Code

901 S MoPAC Expy #300 Austin TX 78746

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/8/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amy Lefkowitz

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1307 Nueces Austin TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sherri Tibbe

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1301 Rio Grande Austin TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sarah N. Balaparyya

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1166 W 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

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

10/9/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mary Escamilla

6 Contributor address;

City; State; Zip Code

1106 W Ave Austin TX 78701

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/4/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

David Berges Jr.

Contributor address;

City; State; Zip Code

1000 Heritage Center Cir <sup>TX 78766</sup> ~~Rock~~

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Neil Kucera

Contributor address;

City; State; Zip Code

4706 Carter Ln Austin TX ~~78744~~ <sup>78744</sup>

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Christopher Knepp

Contributor address;

City; State; Zip Code

7904 Jarneyville Dr Austin TX 78735

Amount of contribution (\$)

\$ 50.00

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: 32

2 FILER NAME

Gary Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

10/8/15

5 Full name of contributor

Frank King

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 2500

6 Contributor address;

City; State; Zip Code

1601 Miriam Ave # 221 Austin TX 78702

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/2/15

Full name of contributor

Frank King

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

1601 Miriam Ave #221 Austin TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/2/15

Full name of contributor

Robert King

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

4212 Park Hollow Ct Austin TX 78746

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.

# POLITICAL EXPENDITURES MADE 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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Gbb	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/3/15	<b>5</b> Payee name GNI Strategies, LLC	
<b>6</b> Amount (\$) 2245.53	<b>7</b> Payee address; City; State; Zip Code 401 W 15th St., STE 695 Austin TX 78701	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 9/11/15	Payee name Office max	
Amount (\$)	Payee address; City; State; Zip Code 907 W. 5th St. Austin, TX 78703	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 9/11/15	Payee name Wafpo.com	
Amount (\$) 14.95	Payee address; City; State; Zip Code 101 Lytton Ave Palo Alto, CA 94301	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Online Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Webb	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/14/15	<b>5</b> Payee name Christian Smith	
<b>6</b> Amount (\$) 1,500.00	<b>7</b> Payee address; City; State; Zip Code 2810 Salado # 129 Austin, TX 78705	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Staffing	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/16/15	Payee name Carisa Lopez	
Amount (\$) 550.00	Payee address; City; State; Zip Code 3200 S 1st St. # 1002 Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/21/15	Payee name HEB	
Amount (\$) 3.64	Payee address; City; State; Zip Code 2701 E 7th St. Austin, TX 78702	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME GARY COLDS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/25/15	<b>5</b> Payee name Texas Democratic Party	
<b>6</b> Amount (\$) 2000.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 116 Austin, TX 78767	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Field-VAN	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/28/15	Payee name Craigs List	
Amount (\$) 100.00	Payee address; City; State; Zip Code 222 Sutter St. 9th Floor San Francisco, CA 94108	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Field-Ad	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/29/15	Payee name Office Depot	
Amount (\$) 9.73	Payee address; City; State; Zip Code 2101 South Lamar Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Gary Gobb</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/29/15</i>		5 Payee name <i>Austin APL-CIO</i>			
6 Amount (\$) <i>495.00</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 301704 Austin, TX 78745</i>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</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
Date <i>9/30/15</i>		Payee name <i>GM Strategies, LLC</i>			
Amount (\$) <i>243.33</i>		Payee address; City; State; Zip Code <i>401 W 15th St. #645 Austin, TX 78701</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Consulting</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
Date <i>10/1/15</i>		Payee name <i>Christian Smith</i>			
Amount (\$) <i>1500.00</i>		Payee address; City; State; Zip Code <i>2810 Salado #129 Austin, TX 78705</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Staffing</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Gray Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/2/15</i>	<b>5</b> Payee name <i>John Massa</i>	
<b>6</b> Amount (\$) <i>463.<sup>20</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>3809 Rockledge Dr. Austin, TX 7873</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Field</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>10/5/15</i>	Payee name <i>Google</i>	
Amount (\$) <i>25.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1600 Amphitheatre Pkwy Mountain View, CA 94043</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Online Fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>10/5/15</i>	Payee name <i>CVS Pharmacy</i>	
Amount (\$) <i>5.68</i>	Payee address; City; State; Zip Code <i>500 Congress Ave Austin, TX 78701</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Cobb	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/5/15	<b>5</b> Payee name Carisa Lopez	
<b>6</b> Amount (\$) 550.00	<b>7</b> Payee address; City; State; Zip Code 3200 S 1st St. #1002 Austin, TX 78704	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 10/5/15	Payee name Michael Massa
Amount (\$) 414.00	Payee address; City; State; Zip Code 1712 Woodward St. #107 Austin, TX 78741
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Field
	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 10/6/15	Payee name Travis Democratic Party
Amount (\$) 500.00	Payee address; City; State; Zip Code 1311 E 6th St. Austin, TX 78702
<b>PURPOSE OF EXPENDITURE</b>	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Gobb	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/13/15	<b>5</b> Payee name Wu Poo. Com	
<b>6</b> Amount (\$) 14.95	<b>7</b> Payee address; City; State; Zip Code 101 Lytton Ave. Palo Alto, CA 94301	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Online Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/15/15	Payee name Christian Smith	
Amount (\$) 1500.00	Payee address; City; State; Zip Code 2810 Salado St. # 129 Austin, TX 78765	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Staffing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/15/15	Payee name Michael Massa	
Amount (\$) 582.00	Payee address; City; State; Zip Code 1712 Woodward St. # 107 Austin, TX 78241	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Field	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>GARY COBB</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/16/15</i>		5 Payee name <i>Dustin Greer</i>			
6 Amount (\$) <i>42.00</i>		7 Payee address; City; State; Zip Code <i>4805 E. Oltorf, Unit A Austin, TX 78741</i>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Field</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
Date <i>10/16/15</i>		Payee name <i>Heidi Gibbons</i>			
Amount (\$) <i>1000.00</i>		Payee address; City; State; Zip Code <i>613 Hearn Austin, TX 78703</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Staffing</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
Date <i>10/16/15</i>		Payee name <i>John Massa</i>			
Amount (\$) <i>378.00</i>		Payee address; City; State; Zip Code <i>3809 Rockledge Dr. Austin, TX 78733</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Field</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gray Cobb</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/21/15</i>	5 Payee name <i>Checkmark Typesetting</i>
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6 Amount (\$) <i>241.40</i>	7 Payee address; City; State; Zip Code <i>3217 W. IH 35 Austin, TX 78722</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Printing</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/30/15</i>	Payee name <i>Checkmark Typesetting</i>
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Amount (\$) <i>1983.00</i>	Payee address; City; State; Zip Code <i>3217 N. IH 35 Austin, TX 78722</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/30/15</i>	Payee name <i>Christian Smith</i>
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Amount (\$) <i>1500.00</i>	Payee address; City; State; Zip Code <i>2810 Salado #124 Austin, TX 78705</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Staffing</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Gary Cobb	3 Filer ID (Ethics Commission Filers)
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4 Date 11/3/15	5 Payee name Carisa Lopez
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6 Amount (\$) 550.00	7 Payee address; City; State; Zip Code 3200 S 1st St. #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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/3/15	Payee name GMI Strategies, LLC
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Amount (\$) 2162.93	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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Date 11/3/15	Payee name Heidi Gibbons
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Amount (\$) 1000.00	Payee address; City; State; Zip Code 613 Hearn Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Staffing	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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# POLITICAL EXPENDITURES MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

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>11/4/15</i>	5 Payee name <i>Google</i>
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6 Amount (\$) <i>25.00</i>	7 Payee address; City; State; Zip Code <i>1600 Amphitheatre Pkwy Mountainview, CA 94043</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Online Fee</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>11/12/15</i>	Payee name <i>Wufoo.com</i>
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Amount (\$) <i>14.95</i>	Payee address; City; State; Zip Code <i>101 Lytton Ave Palo Alto, CA 94301</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Online Fees</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>11/13/15</i>	Payee name <i>Christian Smith</i>
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Amount (\$) <i>1500.00</i>	Payee address; City; State; Zip Code <i>2810 Salado #109 Austin, Tx 78705</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Staffing</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 MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Cobb	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11/16/15	<b>5</b> Payee name TLP Flowers
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<b>6</b> Amount (\$) 94.12	<b>7</b> Payee address; City; State; Zip Code 11444 W Olympic Blvd. 4th Floor Los Angeles, CA 90064
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/15	Payee name Liberal Austin Democrats
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Amount (\$) 77.48	Payee address; City; State; Zip Code 1101 Grove Blvd. #703 Austin, TX 78741
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/15	Payee name TLP Flowers
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Amount (\$)	Payee address; City; State; Zip Code 11444 W. Olympic Blvd. 4th Floor Los Angeles, CA 90064
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<b>PURPOSE OF EXPENDITURE</b>	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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# POLITICAL EXPENDITURES MADE 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
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Gary Cobb	3 Filer ID (Ethics Commission Filers)
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4 Date 11/19/15	5 Payee name Herdi Gibbons
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6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code 613 Hearn Austin, TX 78703
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Reimbursement	(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 11/23/15	Payee name Carisa Lopez
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Amount (\$) 220.00	Payee address; City; State; Zip Code 3200 S 1st St. #1002 Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	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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Date 11/24/15	Payee name Checkmark Typesetting
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Amount (\$) 78.86	Payee address; City; State; Zip Code 3217 N. IH35 Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	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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# POLITICAL EXPENDITURES MADE 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                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Gary Cobb	3 Filer ID (Ethics Commission Filers)
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4 Date 12/1/15	5 Payee name GMI Strategies
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6 Amount (\$) 225. <sup>00</sup>	7 Payee address; City; State; Zip Code 401 W 15th St. #695 Austin, TX 78701
-------------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <del>Other</del> Reimbursement	(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 12/1/15	Payee name GMI Strategies
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Amount (\$) 2689.29	Payee address; City; State; Zip Code 401 W 15th St. #695 Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/1/15	Payee name Heidi Gibbons
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Amount (\$) 1000. <sup>00</sup>	Payee address; City; State; Zip Code 613 Hearn Austin, TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Staffing	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 MADE 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                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Cobb	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/3/15	<b>5</b> Payee name Google	
<b>6</b> Amount (\$) 28.00	<b>7</b> Payee address; City; State; Zip Code 6600 Amphitheatre Pkwy Mountain View, CA 94043	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Online Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

<b>Date</b> 12/7/15	<b>Payee name</b> Fedex	
<b>Amount (\$)</b> 39.78	<b>Payee address; City; State; Zip Code</b> 600 E. Ben White Blvd. Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  Printing	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

<b>Date</b> 12/7/15	<b>Payee name</b> NAACP-Austin	
<b>Amount (\$)</b> 200.00	<b>Payee address; City; State; Zip Code</b> 1717 E 12th St. Austin, TX 78702	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  Donation	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE 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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/18/15</i>	5 Payee name <i>Casey Chapman Ross</i>
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6 Amount (\$) <i>595.38</i>	7 Payee address; City; State; Zip Code <i>9501 Argyle Dr. Austin, TX 78749</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Photography</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>12/21/15</i>	Payee name <i>Ray &amp; Wood</i>
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Amount (\$) <i>5,000.00</i>	Payee address; City; State; Zip Code <i>2700 Bee Caves Rd Suite 200 Austin, TX 78746</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Legal Fees</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>12/30/15</i>	Payee name <i>Wells Fargo</i>
-------------------------	----------------------------------

Amount (\$) <i>17.00</i>	Payee address; City; State; Zip Code <i>601 W 15th St. Austin, TX 78701</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Bank Fees</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 MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Cobb	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/1/15	<b>5</b> Payee name Carisa Lopez	
<b>6</b> Amount (\$) 550.00	<b>7</b> Payee address; City; State; Zip Code 3200 S 1st Street, #1002 Austin, TX 78704	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 9/3/15	Payee name Act Blue
Amount (\$) 10.00	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144
<b>PURPOSE OF EXPENDITURE</b>	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 9/3/15	Payee name Google
Amount (\$) 25.00	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Online Fees
	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 MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Gbb	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/31/15	<b>5</b> Payee name Austin Gay & Lesbian	
<b>6</b> Amount (\$) 40.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 49216 Austin, TX 78765	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/31/15	Payee name Christian Smith	
Amount (\$) 1500.00	Payee address; City; State; Zip Code 2810 Salado St. # 129 Austin, TX 78705	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Staffing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/31/15	Payee name Facebook	
Amount (\$) 10.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Cobb	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/16/15	<b>5</b> Payee name Christian Smith	
<b>6</b> Amount (\$) 1026.96	<b>7</b> Payee address; City; State; Zip Code 2810 Salado St. # 129 Austin, TX 78705	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Staffing	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 7/20/15	Payee name HEB	
Amount (\$) 15.98	Payee address; City; State; Zip Code 2701 E 7th St. Austin, TX 78702	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 7/21/15	Payee name Liberal Austin Dems	
Amount (\$) 100.00	Payee address; City; State; Zip Code 1101 Grove Blvd., Apt. 703 Austin, TX 78741	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Gary Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>7/23/15</i>	<b>5</b> Payee name <i>Authorized Cash Payment</i>	
<b>6</b> Amount (\$) <i>75.00</i>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Field maps</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>7/27/15</i>	Payee name <i>HEB</i>	
Amount (\$) <i>12.98</i>	Payee address; City; State; Zip Code <i>2701 E 7th St. Austin, TX 78702</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</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>7/27/15</i>	Payee name <i>Kelly Graphics</i>	
Amount (\$) <i>628.76</i>	Payee address; City; State; Zip Code <i>1409 Quaker Ridge Dr. Austin, TX 78746</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing</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 MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Cobb	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/01/2015	<b>5</b> Payee name Carisa Lopez	
<b>6</b> Amount (\$) 550.00	<b>7</b> Payee address; City; State; Zip Code 3200 S. 1 <sup>st</sup> St. Austin, TX 78704	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 07/01/2015	Payee name Christian Smith	
Amount (\$) 1,323.00	Payee address; City; State; Zip Code 2810 Salado #129 Austin TX 78705	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Staffing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 07/01/2015	Payee name Strategic Association Management?	
Amount (\$) 600.00	Payee address; City; State; Zip Code 401 W 15 <sup>th</sup> St., #695 Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Rent - office	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Gary Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>07/02/2015</i>	<b>5</b> Payee name <i>HEB</i>	
<b>6</b> Amount (\$) <i>75.96</i>	<b>7</b> Payee address; City; State; Zip Code <i>2701 E 7th St. Austin, TX 78702</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>07/02/2015</i>	Payee name <i>GMI Strategies, LLC</i>	
Amount (\$) <i>775.71</i>	Payee address; City; State; Zip Code <i>401 W. 15th St, Ste 695 Austin, TX 78701</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>07/03/2015</i>	Payee name <i>Checkmark Typesetting</i>	
Amount (\$)	Payee address; City; State; Zip Code <i>3217N. IH 35 Austin, TX 78722</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Cobb	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/28/15	<b>5</b> Payee name GNI Strategies	
<b>6</b> Amount (\$) 2000.00	<b>7</b> Payee address; City; State; Zip Code 401 W 15th St, STE 695 Austin, TX 78701	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 7/29/15	Candidate / Officeholder name Office sought Office held	
Payee name CVS Pharmacy	Amount (\$) 29.40	
Payee address; City; State; Zip Code 500 Congress Ave Austin, TX 78701	<b>PURPOSE OF EXPENDITURE</b>	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 7/30/15	Payee name Cavanaugh Quintanilla, PLLC	
Amount (\$) 4500.00	Payee address; City; State; Zip Code 2499 S. Capital of Texas Hwy #102 Austin, TX 78746	
<b>PURPOSE OF EXPENDITURE</b>	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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Cobb	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/31/15	<b>5</b> Payee name Christian Smith	
<b>6</b> Amount (\$) 1191.60	<b>7</b> Payee address; City; State; Zip Code 2810 Salado St. # 129 Austin, TX 78705	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Staffing	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 8/3/15	Candidate / Officeholder name Office sought Office held	
Payee name Google	Office sought Office held	
Amount (\$) 10.48	Payee address; City; State; Zip Code 1600 Amphitheater Pkwy Mountainview, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office- online fees	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	
Date 8/3/15	Candidate / Officeholder name Office sought Office held	
Payee name Carisa Lopez	Office sought Office held	
Amount (\$) 550.00	Payee address; City; State; Zip Code 3200 S 1st St. # 1002 Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME GARY GEBB		3 Filer ID (Ethics Commission Filers)	
4 Date 8/2/15		5 Payee name Stone wall Democrats			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code P.O. Box 40898 Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Donation		(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 8/14/15		Payee name Carisa Lopez			
Amount (\$) 550.00		Payee address; City; State; Zip Code 3200 S 1st St. # 1022 Austin, TX 78704			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 8/14/15		Payee name Christian Smith			
Amount (\$) 1200.00		Payee address; City; State; Zip Code 2810 Salado St. # 29 Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Staffing		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	

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# POLITICAL EXPENDITURES MADE 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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Cobb	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/7/15	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) 60.00	<b>7</b> Payee address; City; State; Zip Code 823 Congress Ave #150 Austin, TX 78701	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Postage	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 7/8/15	Payee name TLF Floral	
Amount (\$) 48.66	Payee address; City; State; Zip Code 11444 West Olympic Blvd. 4th Floor Los Angeles, CA 90064	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 7/14/15	Payee name Carisa Lopez	
Amount (\$) 565.00	Payee address; City; State; Zip Code 3200 S. 1st Street, #1002 Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> 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 MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Cobb	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 7/6/15	<b>5</b> Payee name CVS Pharmacy				
<b>6</b> Amount (\$) 24.93	<b>7</b> Payee address; City; State; Zip Code 500 Congress Austin, TX 78701				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:17%;">Office sought</td> <td style="width:17%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/06/15	Payee name G.M. Strategies, LLC				
Amount (\$) <del>2000.00</del> 2000.00	Payee address; City; State; Zip Code 401 W 15th Street, STE 695 Austin, TX 78701				
<b>PURPOSE OF EXPENDITURE</b>	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			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:17%;">Office sought</td> <td style="width:17%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 7/6/15	Payee name Jonathan Cox				
Amount (\$) 150.00	Payee address; City; State; Zip Code 2812 Salado # 129 Austin, TX 78705				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Field	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:17%;">Office sought</td> <td style="width:17%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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>7/21/15</i>	5 Payee name <i>Rally</i>
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6 Amount (\$) <i>\$20.05</i>	7 Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>
---------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Fees</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 <i>credit card donation fees</i>
------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>7/13/15</i>	Payee name <i>Rally</i>
------------------------	----------------------------

Amount (\$) <i>\$4.25</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>
------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>7/20/15</i>	Payee name <i>Rally</i>
------------------------	----------------------------

Amount (\$) <i>\$4.25</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>
------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
-------------------------------	---	---

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 MADE 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                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Gary Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <i>8/31/15</i>	<b>5</b> Payee name <i>Rally</i>
---------------------------------	-------------------------------------

<b>6</b> Amount (\$) <i>\$513.80</i>	<b>7</b> Payee address; City; State; Zip Code <i>644 Mission St. #204, San Francisco, CA 94105</i>
---	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/16/15</i>	Payee name <i>Rally</i>
------------------------	----------------------------

Amount (\$) <i>\$2.27</i>	Payee address; City; State; Zip Code <i>644 Mission St. #204, San Francisco, CA 94105</i>
------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>8/12/15</i>	Payee name <i>Rally</i>
------------------------	----------------------------

Amount (\$) <i>\$20.05</i>	Payee address; City; State; Zip Code <i>644 Mission St. #204, San Francisco, CA 94105</i>
-------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
-------------------------------	---	---

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 MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Gary Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>8/19/15</i>	<b>5</b> Payee name <i>Rally</i>	
<b>6</b> Amount (\$) <i>\$20.05</i>	<b>7</b> Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>8/20/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$39.80</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>8/23/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$20.05</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Gary Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>8/31/15</i>	<b>5</b> Payee name <i>Rally</i>	
<b>6</b> Amount (\$) <i>\$8.20</i>	<b>7</b> Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>9/1/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$12.15</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>9/16/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$20.05</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Gary Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>9/18/15</i>	<b>5</b> Payee name <i>Rally</i>	
<b>6</b> Amount (\$) <i>\$20.05</i>	<b>7</b> Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>9/28/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$4.25</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>9/30/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$39.80</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Gary Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/11/15</i>	<b>5</b> Payee name <i>Rally</i>	
<b>6</b> Amount (\$) <i>\$77.30</i>	<b>7</b> Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>10/11/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$39.80</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>10/21/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$20.05</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Gary Cobb</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/4/15</i>		5 Payee name <i>Rally</i>			
6 Amount (\$) <i>\$8.20</i>		7 Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Fees</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 <i>credit card donation fees</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/4/15</i>		Payee name <i>Rally</i>			
Amount (\$) <i>\$39.80</i>		Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/6/15</i>		Payee name <i>Rally</i>			
Amount (\$) <i>\$8.20</i>		Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Gary Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/7/15</i>	<b>5</b> Payee name <i>Rally</i>	
<b>6</b> Amount (\$) <i>\$8.20</i>	<b>7</b> Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10/8/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$48.60</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10/11/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$16.40</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Gary Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/22/15</i>	<b>5</b> Payee name <i>Rally</i>	
<b>6</b> Amount (\$) <i>\$39.80</i>	<b>7</b> Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11/25/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$8.20</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11/30/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$39.80</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Gary Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12/21/15</i>	<b>5</b> Payee name <i>Rally</i>	
<b>6</b> Amount (\$) <i>\$36.45</i>	<b>7</b> Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>12/31/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$28.25</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>12/4/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$39.80</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Gary Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12/11/15</i>	<b>5</b> Payee name <i>Rally</i>	
<b>6</b> Amount (\$) <i>\$8.20</i>	<b>7</b> Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>12/11/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$234.25</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>12/11/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$8.20</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gary Cobb</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/19/15</i>	5 Payee name <i>Corisa Lopez</i>	
6 Amount (\$) <i>550.00</i>	7 Payee address; City; State; Zip Code <i>3200 S 1st St. #1002 Austin, TX 78704</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Consulting</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>10/19/15</i>	Payee name <i>HBAA Charitable Foundation</i>	
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 12692 Austin, TX 78711</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Donation</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>10/20/15</i>	Payee name <i>Jonathan Cox</i>	
Amount (\$) <i>450.00</i>	Payee address; City; State; Zip Code <i>2812 Salado</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Field</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: _____	

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# POLITICAL EXPENDITURES MADE 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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Gary Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12/13/15</i>	<b>5</b> Payee name <i>Rally</i>	
<b>6</b> Amount (\$) <i>\$4.25</i>	<b>7</b> Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>12/14/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$22.32</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>12/17/15</i>	Payee name <i>Rally</i>	
Amount (\$) <i>\$68.05</i>	Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>credit card donation fees</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Cobb	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12/18/15	<b>5</b> Payee name Rally
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<b>6</b> Amount (\$) \$8.20	<b>7</b> Payee address; City; State; Zip Code 444 Mission St. #204, San Francisco, CA 94105
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/15	Payee name Rally
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Amount (\$) \$20.05	Payee address; City; State; Zip Code 444 Mission St. #204, San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	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 credit card donation fees
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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 12/11/15	Payee name Rally
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Amount (\$) \$44.35	Payee address; City; State; Zip Code 444 Mission St. #204, San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	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 credit card donation fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Grady Cobb</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <i>12/31/15</i>	<b>5</b> Payee name <i>Pally</i>
----------------------------------	-------------------------------------

<b>6</b> Amount (\$) <i>\$145.40</i>	<b>7</b> Payee address; City; State; Zip Code <i>649 Mission St. #204, San Francisco, CA 94105</i>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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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