#### **APPOINTMENT OF A CAMPAIGN** TREASURER BY A CANDIDATE

P.O. Box 12070

#### FORM CTA PG 1

See CTA Instruction	Guide for detailed instr	uctions.		Total pages filed:
2	MS/MRS/MR	FIRST	Mi	OFFICE USE ONLY
CANDIDATE	Mr.	Albert	Н	Acct. #
NAME	NICKNAME	LAST	SUFFIX	Date Received
	Bert	Cobb	Jr.	
_	ADDRESS / PO BOX; APT / S	UITE#: CITY;	STATE; ZIP CODE	RECEIVED IN THE
CANDIDATE			,	OF SEP 2 € 2009
MAILING ADDRESS	PO BOX 913	San Marcos	TX 78667-0193	I V
				ELECTION OFFICE
4	AREA CODE PHONE	NUMBER	EXTENSION	HD/PM
CANDIDATE PHONE	( 512 ) 206 2126			
	( 512 ) 396-2125			Date Processed
OFFICE HELD	N/A			Date Imaged
OFFICE SOUGHT	Hays County Judge			***
7	MS/MRS/MR FIRST	MI	NICKNAME	LAST SUFFIX
CAMPAIGN TREASURER				at 11
NAME	Mr. Lon	Α.		Shell
8	STREET ADDRESS (NO PO BOX F	PLEASE); APT / SUITE #,	CITY; STATE;	ZIP CODE
CAMPAIGN	1908 West McCarty La	ne	San Marcos TX	78666
TREASURER STREET				
ADDRESS (Residence or business)				
<del>                                     </del>	AREA CODE PHONE	NUMBER	EXTENSION	
CAMPAIGN				
TREASURER PHONE	( 512 ) 644-0848			
10				
CANDIDATE SIGNATURE	I am aware of the N	Nepotism Law, Ch	apter 573 of the Tex	xas Government Code.
	I am aware of my r the Election Code.	esponsibility to fil	e timely reports as	required by title 15 of
	I am aware of the r	estriction <del>s</del> in title 1 and la <b>l</b> eor organiza	5 of the Election C	ode on contributions
	1/	-2.VX		
	Deu .	WY_	~	9-28-2009
	Signatur	e of Candidate		Date Signed
GO TO PAGE 2				

## SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT**

#### FORM SPAC COVER SHEET PG 1

The SPAC Instruction Gui	de explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME			OFFICE USE ONLY
THE BENT	COBB CAMPA IGN FU	<b>ン</b> カ	Date Received RECE
4 COMMITTEE ADDRESS		ITY; STATE; ZIP CODE	JUL 14 2010
Change of Address	PO BOX 913 SAN 1	Marios TX 78667	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST  MR. LON	MI A	Receipt # Amount
NAME	NICKNAME LAST	SUFFIX	Date Processed
	SHEZL		Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI		TX 78666
7 CAMPAIGN TREASURER'S MAILING ADDRESS  Change of Address	STREET OR PO BOX; APT/SU		zip code 25 7X 78466
8 CAMPAIGN TREASURER PHONE	(512) 644 - 089	extension 48	
9 REPORT TYPE		before election	Exceeded \$500 limit Dissolution (attach PAC-DR)  10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year		Month Day Year
	2/21/10	THROUGH	6 /30/10
11 ELECTION	ELECTION DATE ELECT Month Day Year	ION TYPE	
		Primary Runoff	General Special
	GO ТО I	PAGE 2	

#### SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS**

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME THE BE	RT COBB C	AMPALGN FUND ACCOUNT	T # (Ethics Commission Filers)
13 COMMITTEE PURPOSE	2200	CANDIDATE / OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	ALBERT H. "BERT"	WBB, JR.
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  HAYS COUNTY TUDG	
OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION / # ELECTION	
ASSIST (Officeholder)	MEASURE	Month Day  DESCRIPTION	
	T		
14 CONTRIBUTION TOTALS	1	CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN GOOD OF COURT OF	\$ 435,00
		CAL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5035.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 26.52
	4. TOTAL POLITIC	CAL EXPENDITURES	\$ 6336.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY NG PERIOD	\$ 1851.71
OUTSTANDING LOAN TOTALS		LAMOUNT OF ALL OUTSTANDING LOANS AS OF THE E REPORTING PERIOD	\$ 9000.00
15 AFFIDAVIT  Don Rai My Com 03/01/20	mission Expires	I swear, or affirm, under penalty of perjury, to report is true and correct and includes all information for the second s	ormation required to be
AFFIX NOTARY STAMP) SE			
	ped before me, by the	said Low A. SHELL 10 , to certify which, witness my hand a	, this the
Lon 9	Po	NALD P. RAINS NO	
Signature of officer administr	ering oath Printed	d name of officer administering oath Title (	of officer administering oath

## **POLITICAL CONTRIBUTIONS**

OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

THE BENT COBB CAMPAIGN FUND  4 Date  5 Full name of contributor out-of-state PAC(ID#: 7 Amount of contribution (\$) 8 In-kind contribution (if applicable)  3HANE FRASER  6 Contributor address; City; State; Zip Code  2615 ARROYD DOBLE, SAN MARIOS TX  78666 (If travel outside of Texas, complete Schedule T)					
THE BEAT COBS CAMPAILN FUND  A Date  5 Full name of contributor  3HANE FALCER  2/24/10 6 Contributor address: City. State: Zip Code  26/15 ARLDYD DOBLE; SAN MALLOS TX 7 REPORT  9 Principal occupation / Job title (See Instructions)  10 Employer (See Instructions)  Date  Full name of contributor  CONTRIBUTOR address: City. State: Zip Code  10 SIERLA RIDGE DR., SAN MALLOS TX 7 BUGG  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address: City. State: Zip Code  10 SIERLA RIDGE DR., SAN MALLOS TX 7 BUGG  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Contributor address: City. State: Zip Code  2706 TAMED ST., SAN MARLOS TX 7 BUGG  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Contributor address: City. State: Zip Code  2706 TAMED ST., SAN MARLOS TX 7 BUGG  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Contributor address: City. State: Zip Code  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Contributor address: City. State: Zip Code  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (s) description (if applicable)  Contributor address: City. State: Zip Code  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Contributor address: City. State: Zip Code  (If travel outside of Texas, complete Schedule T)  Contributor address: City. State: Zip Code  (If travel outside of Texas, complete Schedule T)	The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Sche	edule A:
SHANE FRASER  2/12/10 6 Contributor address: City: State: Zip Code 2615 ARLDOYD DOBLE SAN MARLOS TX 7866 (If travel outside of Toxas, complete Schedule T)  9 Principal occupation / Job title (See Instructions)  10 Employer (See Instructions)  10 Employer (See Instructions)  10 Employer (See Instructions)  10 Employer (See Instructions)  2/26/10 Contributor address: City: State: Zip Code 2/26/10 SIERLA RABGE THERL  2/26/10 Contributor address: City: State: Zip Code 2/26/00 JAMEO ST ST SAN MARLOS TX 7/8/66 (If travel outside of Toxas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	2 FILER NAME	THE BENT COBB CAMPAILN FO	aND	-	hics Commission Filers)
2015 ALROYD DOBLE   SAN MARLOS TX 78669   (if travel outside of Texas, complete Schedule T)	4 Date		)		_
Principal occupation / Job title (See Instructions)    Date	2/22/10			1000,00	
Date   Full name of contributor   out-of-state PAC(ID#   Amount of Contribution (\$)   description (if applicable)      2/26/10		2615 ARROYU DOBLE, SAN MARIO	3 T X 78666	(If travel outside o	of Texas, complete Schedule T)
Contributor address: City: State: Zip Code    O	9 Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Contributor address: City: State: Zip Code    Dol SIENUA RIDGE DR., SAN MARLOS TX 78666   (if travel outside of Texas, complete Schedule T)    Principal occupation / Job title (See Instructions)   Employer (See Instructions)    Date	Date	_ ,	)		
Principal occupation / Job title (See Instructions)    Date	2/26/10	Contributor address; City; State; Zip Code	AACOS TX	100,00	
Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) In-kind contribution (\$) description (if applicable)  2/26/10 Contributor address: City: State: Zip Code 2706 JAMES ST., SAN MAN LOS TX, 79666 (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) description (if applicable)  2/26/10 Contributor address: City: State: Zip Code (IT 30 READLLE LN., ANSTIN, TX 78739 (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) description (if applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  50.00  In-kind contribution description (if applicable)  Source Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Contributor address: City: State: Zip Code  109 FARM House RD   SAN MARLOS TX RB666 (If travel outside of Texas, complete Schedule T)			75000	,	of Texas, complete Schedule T)
ROBERT if ABNORE ITHER.  Contributor address; City: State: Zip Code  2706 JAMES ST., SAN MAR WS TX 7866 (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code  III 30 REMAILLE LN., AUSTIN, TX 7939  Date  Full name of contributor  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  Out-of-state PAC (ID#	Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  III 30 Reaville Ln., Austin, TX 7839  Date  Full name of contributor  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) In-kind contribution description (if applicable)  Contributor address; City; State; Zip Code  III 30 Reaville Ln., Austin, TX 7839  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Hetta Catro  Contributor address; City; State; Zip Code  Hetta Catro  Contributor address; City; State; Zip Code  109 Fazu House RD   Saw Marks TX ABGGG (If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions)    Date	2/26/10	Contributor address; City; State; Zip Code  2706 JAMES ST., SAN MAR LOS	TX 79666		 
Dould FERRELL  Contributor address: City: State: Zip Code  1130 Readulle Ln., Austin, TX 79739  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID# Amount of contribution (if applicable)  Herror Astro  Contributor address: City: State: Zip Code  109 Farm House RD   Sam Marcos TX A 8666  (If travel outside of Texas, complete Schedule T)  (If travel outside of Texas, complete Schedule T)	Principal occu	pation / Job title (See Instructions)	Employer (See In	,	
Principal occupation / Job title (See Instructions)   Employer (See Instructions)	Date		)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID# Amount of contribution (if applicable)  Amount of contribution (if applicable)  Contributor address; City; State; Zip Code  109 FARM House RD   SAN MARIOS TX A 3666  (If travel outside of Texas, complete Schedule T)	2/26/10		7x 78739	100.00	 
Date  Full name of contributor  Out-of-state PAC (ID#)  HETTER  CASTRO  Contributor address; City: State; Zip Code  109 FARM House RD, SAN MARIOS TX  78666  (If travel outside of Texas, complete Schedule T)	Principal occ		<u> </u>	·	of Texas, complete Schedule T)
HECTON CASTRO  Contributor address; City; State; Zip Code  109 FARM HOUSE RD, SAN MARIOS TX  78666  (If travel outside of Texas, complete Schedule T)	Filioparocci	pation 7000 title (See insufficients)	Limployer (See III	su uctions)	
109 FARM HOUSE RD, SAN MARIOS TX 78666 (If travel outside of Texas, complete Schedule T)	Date		)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	2/20/10		ARLOS TX 78606	_	         of Texas, complete Schedule T)
	Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule A: 4
2 FILER NAME THE	BENT COBB CAMPAION FUND		3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/1/10	6 Contributor address; City; State; Zip Code	DO SPRINGS,	100,00	
	1024 to 1111111 C	0 80921	(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/7/10	Contributor address; City; State; Zip Code	TV 70/16	100.00	
	16700 FM 1826, DRIFTWADD 7	X +8617	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC (ID#:  Baian McCoy	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/8/10	Contributor address; City; State; Zip Code		200,00	 
	PO BOX 647 SAN MARIO	78667	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/20/10	Contributor address; City; State; Zip Code		300.00	<b> </b> 
	1280 DEIFTING WIND RU.	INGS, TX 7822	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/22/10	Contributor address; City; State; Zip Code	W MARIOSTK	100,00	   
				of Texas, complete Schedule T)
Principal occu	ipation / Job title (See Instructions)	Employer (See Ir	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	dule A: 4
2 FILER NAME			3 ACCOUNT # (Eth	nics Commission Filers)
THE	BENT GOBB CAMPAIGN TO	unt	NA	۲ 
4 Date	5 Full name of contributor out-of-state PAC (ID#:		•	8 In-kind contribution
	J. KENNETH DAVIDSON, SI	2.	contribution (\$)	description (if applicable)
4/9/10	6 Contributor address; City; State; Zip Code		100,00	
• • • • •	2634 COLLING WOOD DR.		ĺ	
	ROYND ROCK T	X 78665	(If travel outside of	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	)	Amount of	In-kind contribution
	SUSAN AND CRAIL WILK	INSON	contribution (\$)	description (if applicable)
4/24/10	Contributor address; City; State; Zip Code		250.00	
•	816 BUNGERHILL RD, HO	USTON TX		
	Stoff FILE FUTT	77024	(If travel outside of	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	· ·	
Date	Full name of contributor		Amount of	In-kind contribution
	ACICE WIGHTMAN		contribution (\$)	description (if applicable)
6/17/10	Contributor address; City; State; Zip Code			
9/11/10		_	100,001	
	200 RIM RD., WIMBERL	TX TX		
			<u> </u>	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	CHIZYKO FRANKLIN		contribution (\$)	description (if applicable)
6/30/10	Contributor address; City; State; Zip Code		100.00	
0110	2611 JAMES ST. SAN MARLO	5 TX 48666	100,00	
	2611 JAMES 31, 540 MARCE	) (x 0000		
Principal occur	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
i iliopai occu	pation, 550 tide (566 mail dodd ha)	Linployer (3ee III	istractions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	ELIZABETH URBAN		contribution (\$)	description (if applicable)
6/29/10	Contributor address; City; State; Zip Code		500,00	
	PO BOX 930 BURA 7X 78	3610	!	
	Dupa 18 78	, 0, 0	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		.,

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Sche	dule A:
FILER NAME	BERT COBB CAMPAIEN FUN	'D	3 ACCOUNT # (Et	hics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
0/30/10	6 Contributor address; City; State; Zip Code Po Box 2495 WIRSEA	uay TX 78676	/00.00	(T
Principal occuj	<u> </u>	10 Employer (See Ins		of Texas, complete Schedule T)
Date	Full name of contributor U out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
630110	Contributor address; City; State; Zip Code	. ( Mag 205	250.00	
	138 W. SAN ANTONIO ST., SA	TX 78666	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:  ALCIDES CAIRUS		Amount of contribution (\$)	In-kind contribution description (if applicable
0/30/10	Contributor address; City; State; Zip Code		500.00	
6/30/10	600 BLANCO RIVER RANGE BE	и), TX 78666		      -   of Texas, complete Schedule T)
ı		TX 78666 Employer (See In:	(If travel outside	     of Texas, complete Schedule T)
· · ·	600 BLANCO RIVER RANGE BY	TX 78666	(If travel outside	In-kind contribution
Principal occu	boo Beanco Liver Rand Be San Marcos pation / Job title (See Instructions)	TX 78666	(If travel outside structions)  Amount of	,
Principal occu	pation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:	TX 78666	(If travel outside structions)  Amount of contribution (\$)	In-kind contribution
Principal occu	pation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:	TX 78666	(If travel outside structions)  Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occu	pation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:	TX 78666 Employer (See In:	(If travel outside structions)  Amount of contribution (\$)	In-kind contribution description (if applicable  of Texas, complete Schedule T)  In-kind contribution
Principal occu  Date  Principal occu	pation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:	TX 78666 Employer (See In:	(If travel outside structions)  Amount of contribution (\$)  (If travel outside structions)	In-kind contribution description (if applicable

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

Revised 04/21/2010

exas Ethics Comr	nission P.O. Box 12070 Austin,	Texas 78711-2070 (5	512) 463-t	5800 1-800-325-8506
LOANS				SCHEDULE <b>E</b>
The	Instruction Guide explains how to compl	ete this form.	1 Total pag	ges Schedule E:
2 FILER NAME THE	BENT LOBB CAMPAI	ION FUND		NT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$	⇔	\$
5 Date of loan 2/26/10	7 Name of lender   GAYE 5. + AUBERT	out-of-state PAC (ID#:		9 Loan Amount (\$) 3 0 00 . 0 0
6 Is lender a financial Institution?		Zip Code DI.		10 Interest rate
Y N	2370 BRIDLEWOOD PLA	1200s TX 7864	06	11 Maturity date 2/10/11
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	lateral			
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City;	State; Zip Code		
19 Principal Occupat	.ion (See Instructions)	20 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:	)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

Principal Occupation (See Instructions)

## POLITICAL EXPENDITURES

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to	ntract Labor Loan sing Expense Tran Cont rict C ental Expense OTH	Repayment/Reimbursement sportation Equipment & Related Expense ributions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above)
4 Tabel and a Cabadula Fo	2 EUED NAME		3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule F:	2 FILER NAME THE BEM COBB CAMPAILN	Fund	MA
4 Date	5 Payee name		
2/21/10	JEROD PATTERSON		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
469.86	4508 DUVAL RD., 204, AU	STN TX	78727
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	avel outside of Texas, complete Schedule T)
OF	PRINTING EXPENSE	BERT LOBB	DEPUBLICAN FOR
EXPENDITURE	TICINTING EXPENSE	HAYS COUNT	Y JUDGE MAILING
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
2/2/10	JEROD PATTERSON		
Amount (\$)	Payee address; City; State; Zip Code		
Amount (\$)			70707
279,50	4508 DUVAL 12P., 204, A	U577N (X	48767
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Sch <u>e</u> dule T)
OF	ADVERTISING EXPENSE	BENT COBB	REPUBLICAN FOR
EXPENDITURE	TOTE TO THE TOTE	HAXS COUNTY	JUDGE PHINE MESSAGE
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name OH	Office sought	Office held
Doto	Payee name		
Date 2/21/10	TENOD PATTERSON		
Amount (\$)	Payee address; City; State; Zip Code		
1000,00	4508 DUVAZ PD., 204,	AUSTIN T	x 78727
PURPOSE OF	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)  EPUBLI (AN FOR
EXPENDITURE	CONSULTING EXPENSE		FIPGE CONSULTING
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office sought	Office held
Date :	Payee name		
2/22/10	KC STRATEGIES		
Amount (\$)	Payee address; City; State; Zip Code		
2846.00	614 S. 151 ST. AUSTIN	TX 72	704
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)  REPUBLICAN FOR
OF			· ·
EXPENDITURE	PRINTING EXPENSE	HAYS COUNT	Y SUDGE MAILER
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## POLITICAL EXPENDITURES

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	ntract Labor Loan Repayment/Reimbursement ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By rict Candidate/Officeholder/Political Committee
1 Total pages Schedule F:	The Instruction Guide explains how to 2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	THE BENT COBB CAMPAIGN  5 Payee name	TUND N/A
2/25110	JENOD PATTERSON	
6 Amount (\$)	7 Payee address; City; State; Zip Code	1
69.75	4508 DUVAL RD. , 204,	Aus 700 1k +8+2+
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)  BERT COBB REPUBLICAN FOR
EXPENDITURE	ADVENTISING EXPENSE	HAYS COUNTY JUDGE PHONE MESSAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
2/25/10	JEROD PAITERSON	
Amount (\$)	Payee address; City; State; Zip Code	
279.50	4508 Duva RD., 204,	AUSTIN TX 78727
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	MPUENTIBING EXP ENSE	HAYS COUNTY JAPGE PHONE MESSAGE
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
Date 2/25/10	TEMOD PATTERSON	
Amount (\$)	Payee address; City; State; Zip Code	
100.00	4508 DULAL RD., 204,	AUSTIN TX 78727
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule I)  BCAT COBB REDUBLICAT FOR
EXPENDITURE	CONSULTING EXPENSE	HAYS COUNTY PUDGE CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit Co	Candidate / Officeholder name /OH	Office sought Office held
Date	Payee name	
2/26/10	A-BJ 590 AM	
Amount (\$)	Payee address; City; State; Zip Code	
1102,00	8309 N 1H 35 AUSTIN TX	78753
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVENTISING LAPENSE	HAYS COUNTY JUDGE RAPIO AD
Complete ONLY if direct expenditure to benefit C		Office sought Office held
· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

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

#### POLITICAL EXPENDITURES

#### SCHEDULE F

Loan Repayment/Reimbursement Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Legal Services Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Travel Out Of District Event Expense Polling Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F: THE BENG COBB CAMPAILN FUND 5 Pavee name 31.110 PAYPAL INC. 7 Payee address; City; State; Zip Code 6 Amount (\$) 2211 N. 1ST ST. SAN JOSE CA 95131 20.35 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE BONT LOBB REPUBLICAN FOR OF EXPENDITURE 1EES HAYS LOUNTY THOSE PARAL TOS Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name 3/7/10 PAYPAL INC. Payee address; City; State; Zip Code Amount (\$) 2211 N. 1ST ST. SAN JOSE CA 95131 6,40 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Bです いのの REPUBLICAN にいし PURPOSE OF EXPENDITURE Frey HAYS COUNTY DYDGE PAYPAL FIES Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Office sought Office held Payee name Date PAPAL INC. 1/13/10 Payee address; City; State; Zip Code Amount (\$) 15T ST. SAN JOSE CA 9513/ 2211 N. 2,78 Description (If travel outside of Texas, complete Schedule T)

Buy LOBB Republican For Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE HAYS COUNTY JUDGE PAYPAR TEES Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Date 4 /23/10 Payee name JENOD PATTERSON Amount (\$) City; State; Zip Code 126.07 4508 DUVAL RD., 204, MISTIN TX 78727 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE HAYS COUNTY JUDGE BUSINESS LARDS PLINTING TOPENSE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office held Office sought ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Loan Repayment/Reimbursement

#### POLITICAL EXPENDITURES

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Travel In District Contributions/Donations Made By		sportation Equipment & Related Expense ributions/Donations Made By andidate/Officeholder/Political Committee
4 T-t-lunum Cabadula F.	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule F:	1 —	( ) ( ) ( ) ( ) ( ) ( )	- Jane 1	11/4
	THE BENT COBB	CAMPAILN PO	1ND	20/21
6/30/10	5 Payee name PAYPAL INC. 7 Payee address; City; Sta			
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code		
7.73	2211 N. 1st ST. S	AN JOSE C		
8 PURPOSE OF	(a) Category (See categories listed at the to			vel outside of Texas, complete Schedule T) 2 = Publica N For
EXPENDITURE	FEES			JUDGE PRYPAL FEES
9 Complete ONLY if direct expenditure to benefit C		•	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; S	tate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C			Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; S	tate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the te	op of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C		e	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; S	state; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C		е	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CAMITAIGI	1 FINANCE REPORT		COVER SHEET PG T
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MR. ALBERT  NICKNAME LAST  BERT COBB	MI H SUFFIX	Date Received THE 14 2010
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;  PO BOX 913 SAN MARIOS	STATE: ZIP CODE  TX 78667	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 396 2125	EXTENSION	Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  MA. LON  NICKNAME LAST  SHELL	MI A	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;  1908 WEST Mc CARTY LN	CITY; STATE;	ZIP CODE 7×78446
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 644 6848	EXTENSION	
9 REPORTTYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Z / Z I / I O THROUGH	Month Day 6/30	Year
11 ELECTION	Month Day Year ELECTION TYPE  3 / 2 / 1 O Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	ITY JUDGE
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURED TO DISCLOSE THIS INFORMATION		
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Co	ode	
	GO TO PA	GE 2	

#### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

15 C/OH NAME	BENT H.	"BERT" COBB, JR. 16 A	CCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATIES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	e's or officeholder's knowledge or	
COMMITTEE(S)	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  THE BENT COBB CAMPAIC  COMMITTEE ADDRESS  PO BOX 913 SAN MARIOS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		LON A. SHELL		
		1908 W. MCCAMY W S	AN MARIOS TX 78666	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 0	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
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.  My Commission Expires  03/01/2014				
AFFIX NOTARY STAM	IP / SEAL ABOVE	Signature of Candida	te or Officeholder	
Swern to and subscribed before me, by the said <u>ALBERT H. BERT COBB</u> , this the				
Signature of officer admi	inistering oath	Printed name of officer administering oath	N の A ペン/ Title of officer administering oath	

The C/OH Instruction G	uide explains how to complete this form.  1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI M.C. ALBERT H	OFFICE USE ONLY	
NAME	NICKNAME LAST SUFFIX	Date Receive RECEIVED	
	BENT COBB TR	FEB 22 2010	
CANDIDATE /     OFFICEHOLDER     MAILING     ADDRESS     Change of Address	PU BOX 913 SAN MARCOS TX 7-8667	ELECTION OFFICE Date Hand-delivered or Date Postmarked	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 396 2125	Receipt # Amount  Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI  MAL LOW A  NICKNAME LAST SUFFIX	Date imaged	
	SHELL		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY, STATE;  1908 WEST MCCARTY W SAN MARCOS TO	21P000E 78666	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 644 08 48		
9 REPORTTYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)	
10 PERIOD	Month Day Year Month Day	Year	
COVERED	1/22/10 THROUGH 2/20	/ 10	
11 ELECTION	SLECTION DATE Month Day Year  3 / 2 / 1 0 Primary Runoff	General Special	
12 OFFICE	OFFICE HELD (If any)  13 OFFICE SOUGHT (If know  14 Ax 5 Co u	NTY JUDGE	
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification of the control o		
EXPENDITURE BY OTHER INDIVIDUALS	Name	***	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
additional pages			
GO TO PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

15 C/OH NAME ALBERT H. "BERT" (OBB, JR. 16 ACCOUNT # (Ethics Commission Filers)					
17 NOTICE FROM POLITICAL  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.					
COMMITTÉE(S)	COMMITTEE NAME COMMITTEE TYPE				
	GENERAL	THE BENT LOBS CAMPAIGN	FUND		
	<b>∑</b> SPECIFIC	PO BOX 913 SAN MARCOS 7	x 78667		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		LON A. SHELL			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		1908 W. McCARTY IN SAN	MARIOS TX 7 8666		
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
19 AFFIDAVIT		lauren and the state of a			
and the little state of th	LOREN T. C	I swear, or affirm, under penalty of p is true and correct and includes all in			
Nolary Public, State of Taxas me under Titte 15, Election Code.					
APRIL 9, 2011					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said					
of #201001. 20 to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

The C/OH Instruction G	uide explains how to complete this form.  1 ACCOUNT# (Ethics Commission filers) N1A	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI MR. ALBERT H NICKNAME LAST SUFFIX BERT COBB JR.	Date BIVED IN THE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE  PO BOX 913 SAN MARLOS TX 7866-7  AREA CODE PHONE NUMBER EXTENSION	ECTION OFFICE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 396 2125	Receipt # Amount  Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI A A NICKNAME LAST SUFFIX SHELL	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE:  1908 W. M. CCARTY LN SAN MARLOS T	ZP000E X 7-8666	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (5NL) 644-0848		
9 REPORTTYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH L / 2.1		
11 ELECTION	Month Day Year ELECTION TYPE  3 / 2 / 10 Primary Runoff	General Special	
12 OFFICE	OFFICE HELD (If any)  13 OFFICE SOUGHT (If fore HAYS CO	unty Judge	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification.	at the candidate's prior consent or approval. of the direct campaign expenditure	
BY OTHER INDIVIDUALS	Name		
additional pages	Address / PO Box; Apt. / Suite #; City: State; Zip Code		
GO TO PAGE 2			

#### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH COVER SHEET PG 2

(512) 463-5800

15 C/OH NAME	ALBERT	H. "BERT" COBB, JR. 16A	CCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL	FROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent POLITICAL Candidates and officeholders are required to report this information only if they receive notice of such expenditures.			
COMMITTEE(S)	COMMITTEE TYPE	THE BERT COBB CAMPAIGN	FUND	
	GENERAL SPECIFIC	PO BOX 913 SAN MARLOS	Tx 78667	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME  LON A. SHELL		
		COMMITTEE CAMPAIGN TREASURER ADDRESS 1908 W. MCLARTY LN SAN	MARIOS TX 7866	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 0	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0	
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.  Notary Public. State of Taxas My Commission Expires APRIL 9, 2011  Signature of Candidate or Officeholder				
AFFIX NOTARY STAM		the said Best Colb t	his the <u>27</u> day	
of January .	20 <u>10</u> , to ce	rtify which, witness my hand and seal of office.	Rublin	
Signature of officer at	dministering oath	Printed name of officer administering oath Tiple o	f officer administering oath	

The C/OH Instruction G	uide explains how to complete this form.  1 ACCOUNT# (Ethics Commission filers) N1A	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI MR. ALBERT H NICKNAME LAST SUFFIX BERT COBB JR.	Date BIVED IN THE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE  PO BOX 913 SAN MARLOS TX 7866-7  AREA CODE PHONE NUMBER EXTENSION	ECTION OFFICE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 396 2125	Receipt # Amount  Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI A A NICKNAME LAST SUFFIX SHELL	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE:  1908 W. M. CCARTY LN SAN MARLOS T	ZP000E X 7-8666	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (5NL) 644-0848		
9 REPORTTYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH L / 2.1		
11 ELECTION	Month Day Year ELECTION TYPE  3 / 2 / 10 Primary Runoff	General Special	
12 OFFICE	OFFICE HELD (If any)  13 OFFICE SOUGHT (If fore HAYS CO	unty Judge	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification.	at the candidate's prior consent or approval. of the direct campaign expenditure	
BY OTHER INDIVIDUALS	Name		
additional pages	Address / PO Box; Apt. / Suite #; City: State; Zip Code		
GO TO PAGE 2			

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH COVER SHEET PG 2

(512) 463-5800

			<del>.</del>	
15 C/OH NAME	ALBERT	H. "BERT" COBB, JR. 16A	CCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL	** 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(S)	COMMITTEE TYPE	THE BERT COBB CAMPAIGN	FUND	
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	PO BOX 913 SAN MARLOS	TX 78667	
additional pages		LON A. SHELL		
		1908 W. MCCARTY LW SAN	MARIOS TX 7866	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 0	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0	
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.  Notary Public State of Taxas My Commission Explies APRIL 9, 2011  Signature of Candidate or Officeholder				
Sworn to and subscribed before me, by the said Best Cold , this the 27 day				
of James, 20 10, to certify which, witness my hand and seal of office.				
Signature of officer administering oath Printed name of officer administering oath Tiple of officer administering oath				

The C/OH Instruction G	ulde explains how to complete this form.	ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI H	OFFICE USE ONLY
NAME	MR ALBERT  NICKNAME LAST	SUFFIX	RECEIVED IN THE
	BERT COBB	JR.	JAN 15,2010
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO BOX 913 SAN MA		CI COTION OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 396 2125	EXTENSION	Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR. LON NICKNAME LAST SHELL	MI A- SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT/SUITE		ZP 000E TX 78666
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 512) 6 7 084	EXTENSION '8	
9 REPORTTYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROU	Month Day IGH /2/3/	Year / O¶
11 ELECTION	Month Day Year Section TYP  3 / 2 / 10	E Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IT KNOW) 11145 COUN	TY JUDGE
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign e Candidates are required to disclose this informati		
BY OTHER INDIVIDUALS	Name		
additional pages	Address / PO Box; Apt. / Suite #; City; State; 2	Zip Code	
GO TO PAGE 2			

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

15 C/OH NAME ALBERT H. "BERT" COBB, JR. 16 ACCOUNT # (Ethics Commission Filers)					
17 NOTICE FROM POLITICAL	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(S)		COMMITTEE NAME			
	COMMITTEE TYPE				
	GENERAL	THE BENT COBB (AMPAIO	N FIND		
		COMMITTEE ADDRESS			
	SPECIFIC	Po Box 913 SAN NANCOS	TX 78667		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		LON A. SHELL			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		1908 W. MCCARTY LANE SA	NARLOS TX 78666		
8 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS), UNLESS ITEMIZED	\$ 0		
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$			\$ 0		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 0		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0		
19 AFFIDAVIT					
		I swear, or affirm, under penalty of perj	• .		
		is true and correct and includes all info me under Title 15, Election Code.	rmation required to be reported by		
***************************************	000000000000000000000000000000000000000	200	$\vee$		
BARBARA N. WALKER SAN Notary Public, State of Texas					
My Commission expires					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworp to and subscribed before me, by the said <u>SetT Cobb</u> , this the <u>15th</u> day					
of Yanuary 20 10 to certify which, witness my hand and seal of office.					
Deslar	e S U	BLOW SAR DAKA N. WALKER Printed name of officer administering oath Title	NOTARY		
✓ Sigmature of officer a	aministering dath	глистань отолюя автиваств ови — 186.	of officer administering offin		

#### **CANDIDATE MODIFIED** REPORTING DECLARATION

P.O. Box 12070

FORM CTA PG 2

CANDIDATE NAME	Albert H. "Bert' Cobb, Jr.
MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
	Candidates for the office of state chair of a political party and candidates for county chair of a political party may NOT choose modified reporting
	I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to Signature of Candidate which declaration applies

This appointment is effective on the date it is filed with the appropriate filing authority.

# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the Code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY			
Date Received			
RECEIVED IN THE			
Opac SEP 2 9 2009			
ELECTION OFFICE			
HD / PM			
Date Processed			
Date Imaged			

ACCOUNT NUMBER: (Ethics Commission Filers)	2 TYPE OF FILEI	E	POLITICAL COMMITTEE
	if filing as a car read and sign p		f filing for a political committee, complete boxes 7 and 8 then read and sign page 2.
3 NAME OF CANDIDATE	TITLE (Dr., Mr., Ms., e	tc.) FIRST	МІ
(Please type or print)	DR.	ALBERT	it
	NICKNAME	LAST	SUFFIX (Sr., Jr., III, etc.)
	BERT	COBB	JR.
4 TELEPHONE NUMBER OF CANDIDATE (Please type or print)	AREA CODE ( 5/2 )	96 -212	EXTENSION 5
5 ADDRESS OF CANDIDATE (Please type or print)	ADDRESS / PO BOX		STATE: ZIP CODE  MARLEOS TX 98664- 0913
6 OFFICE SOUGHT BY CANDIDATE (Please type or print)	HAYS	COUNTY JUDG	• E
7 NAME OF COMMITTEE (Please type or print)			
8 NAME OF CAMPAIGN TREASURER (Please type or print)	TITLE (Dr., Mr., Ms., e	otc.) FIRST	MI
	NICKNAME	LAST	SUFFIX (Sr., Jr., III, etc.)
	GO TO	PAGE 2	

P.O. Box 12070

#### CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

#### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.
- I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature