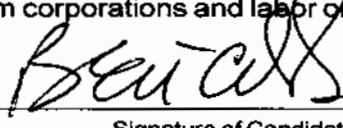


APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1	Total pages filed: 2	
2	CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
		NICKNAME	LAST	SUFFIX	Acct. #	Date Received		
		Mr.	Albert	H	RECEIVED IN THE <i>Joe</i> SEP 28 2009 ELECTION OFFICE			
		Bert	Cobb	Jr.				
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
		PO BOX 913		San Marcos	TX	78667-0193		
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	HD/PM			
		(512)	396-2125		Date Processed			
5	OFFICE HELD (If any)	N/A					Date Imaged	
6	OFFICE SOUGHT (if known)	Hays County Judge						
7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
		Mr.	Lon	A.		Shell		
8	CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
		1908 West McCarty Lane		San Marcos	TX	78666		
9	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(512)	644-0848					
10	CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>						
		 Signature of Candidate				9-28-2009 Date Signed		

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) <i>N/A</i>	2 Total pages filed: <i>11</i>
3 COMMITTEE NAME <i>THE BERT LOBB CAMPAIGN FUND</i>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO BOX 913 SAN MARCOS TX 78667</i>	Date Received RECEIVED <i>JUL 14 2010</i>	ELECTION OFFICE
			Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>MR. LON A</i>	Receipt #	Amount
	NICKNAME LAST SUFFIX <i>SHELL</i>	Date Processed	
		Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1908 WEST MCCARTY LN, SAN MARCOS TX 78666</i>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1908 WEST MCCARTY LN, SAN MARCOS TX 78666</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		<i>(512)</i>	<i>644-0848</i>
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year <i>2 / 21 / 10</i>	THROUGH	Month Day Year <i>6 / 30 / 10</i>
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 2 / 10</i>		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

GO TO PAGE 2

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

**FORM SPAC
COVER SHEET PG 2**

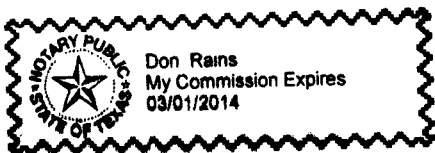
12 COMMITTEE NAME THE BERT COBB CAMPAIGN FUND	ACCOUNT # (Ethics Commission Filers) N/A
---	--

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME ALBERT H. "BERT" COBB, JR.
	<input type="checkbox"/> MEASURE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) HAYS COUNTY JUDGE
	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month Day Year / / DESCRIPTION	

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 435.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5035.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 26.52
	4. TOTAL POLITICAL EXPENDITURES	\$ 6336.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1851.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9000.00

15 AFFIDAVIT

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



[Signature]

Signature of Campaign Treasurer

AFFIX NOTARY STAMP SEAL ABOVE

Sworn to and subscribed before me, by the said LON A. SHELL, this the 13th day of JULY, 20 10, to certify which, witness my hand and seal of office.

[Signature] DONALD P. RAINS NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME <i>THE BEST COBB CAMPAIGN FUND</i>		3 ACCOUNT # (Ethics Commission Filers) <i>N/A</i>	
4 Date <i>2/22/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SHANE FRASER</i> 6 Contributor address; City; State; Zip Code <i>2615 ARROYO DOBLE, SAN MARCOS TX 78666</i>	7 Amount of contribution (\$) <i>1000.00</i> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/26/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARY L SMITH</i> Contributor address; City; State; Zip Code <i>101 SIERRA RIDGE DR, SAN MARCOS TX 78666</i>	Amount of contribution (\$) <i>100.00</i> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/26/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROBERT HABINGREITER</i> Contributor address; City; State; Zip Code <i>2706 JAMES ST., SAN MARCOS TX 78666</i>	Amount of contribution (\$) <i>200.00</i> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/26/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DOUG FERRELL</i> Contributor address; City; State; Zip Code <i>11130 READVILLE LN., AUSTIN, TX 78739</i>	Amount of contribution (\$) <i>100.00</i> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/26/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HELTON CASTRO</i> Contributor address; City; State; Zip Code <i>109 FARM HOUSE RD, SAN MARCOS TX 78666</i>	Amount of contribution (\$) <i>500.00</i> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME THE BEN LOBB CAMPAIGN FUND		3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date 3/1/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUY WELCH	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1024 W. BAPTIST RD., COLORADO SPRINGS, CO 80921		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/7/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETER STERN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16700 FM 1826, DRIFTWOOD TX 78619		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/8/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN MCCOY	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 647 SAN MARCOS TX 78067		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/20/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM POWERS	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1280 DRIFTING WIND RUN, DRIPPING SPRINGS, TX 78220		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/22/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL SOYARS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1517 AQUADENA SPRINGS DR. SAN MARCOS TX 78066		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME THE BEAT COBB CAMPAIGN FUNDS		3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date 4/9/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. KENNETH DAVIDSON, SR.	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2634 COLLINGWOOD DR. ROUND ROCK TX 78665		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/24/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN AND CRAIG WILKINSON	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 816 BUNTER HILL RD, HOUSTON TX 77024		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/17/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALICE WIGHTMAN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 RIM RD, WIMBERLEY TX 78676		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/30/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHIEYKO FRANKLIN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2611 JAMES ST. SAN MARCOS TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/29/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH URBAN	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 930 BURDA TX 78610		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>4</u>	
2 FILER NAME <u>THE BERT COBB CAMPAIGN FUND</u>		3 ACCOUNT # (Ethics Commission Filers) <u>N/A</u>	
4 Date <u>6/30/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SALLY CALDWELL</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>PO BOX 2495 WIMBERLEY TX 78676</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>6/30/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TOM GARNER</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>138 W. SAN ANTONIO ST., SAN MARCOS TX 78666</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6/30/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ALCIDES CAIRUS</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>600 BLANCO RIVER RANCH BLD., SAN MARCOS TX 78666</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME THE BOB LOBB CAMPAIGN FUND		3 ACCOUNT # (Ethics Commission Filers) N/A
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 2/26/10	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) GAYE S. + ALBERT H LOBB JR.	9 Loan Amount (\$) 3000.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 2370 BRIDLEWOOD RANCHES DR. SAN MARCOS TX 78666	10 Interest rate 0
		11 Maturity date 2/10/11
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code	
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME THE BERT COBB CAMPAIGN FUND	3 ACCOUNT # (Ethics Commission Filers) N/A
---------------------------------------	--	--

4 Date 2/21/10	5 Payee name JEROD PATTERSON
--------------------------	--

6 Amount (\$) 469.86	7 Payee address; City; State; Zip Code 4508 DUVAL RD., 204, AUSTIN TX 78727
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) BERT COBB REPUBLICAN FOR HAYS COUNTY JUDGE MAILING
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/21/10	Payee name JEROD PATTERSON
-----------------	-------------------------------

Amount (\$) 279.50	Payee address; City; State; Zip Code 4508 DUVAL RD., 204, AUSTIN TX 78727
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) BERT COBB REPUBLICAN FOR HAYS COUNTY JUDGE PHONE MESSAGE
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/21/10	Payee name JEROD PATTERSON
-----------------	-------------------------------

Amount (\$) 1000.00	Payee address; City; State; Zip Code 4508 DUVAL RD., 204, AUSTIN TX 78727
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) BERT COBB REPUBLICAN FOR HAYS COUNTY JUDGE CONSULTING
-------------------------------	--	--

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

Date 2/22/10	Payee name KC STRATEGIES
-----------------	-----------------------------

Amount (\$) 2846.00	Payee address; City; State; Zip Code 614 S. 1ST ST. AUSTIN TX 78704
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) BERT COBB REPUBLICAN FOR HAYS COUNTY JUDGE MAILED
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>4</u>		2 FILER NAME <u>THE BERT LOBB CAMPAIGN FUND</u>		3 ACCOUNT # (Ethics Commission Filers) <u>N/A</u>	
4 Date <u>3/1/10</u>		5 Payee name <u>PAYPAL INC.</u>			
6 Amount (\$) <u>20.35</u>		7 Payee address; City; State; Zip Code <u>2211 N. 1ST ST. SAN JOSE CA 95131</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>FEES</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>BERT LOBB REPUBLICAN FOR HAYS COUNTY JUDGE PAYPAL FEES</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>3/7/10</u>		Payee name <u>PAYPAL INC.</u>			
Amount (\$) <u>6.40</u>		Payee address; City; State; Zip Code <u>2211 N. 1ST ST. SAN JOSE CA 95131</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>FEES</u>		Description (If travel outside of Texas, complete Schedule T) <u>BERT LOBB REPUBLICAN FOR HAYS COUNTY JUDGE PAYPAL FEES</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>4/23/10</u>		Payee name <u>PAYPAL INC.</u>			
Amount (\$) <u>2.78</u>		Payee address; City; State; Zip Code <u>2211 N. 1ST ST. SAN JOSE CA 95131</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>FEES</u>		Description (If travel outside of Texas, complete Schedule T) <u>BERT LOBB REPUBLICAN FOR HAYS COUNTY JUDGE PAYPAL FEES</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>4/23/10</u>		Payee name <u>JEROD PATTERSON</u>			
Amount (\$) <u>126.07</u>		Payee address; City; State; Zip Code <u>4509 DUVAL RD., 204, AUSTIN TX 78727</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		Description (If travel outside of Texas, complete Schedule T) <u>BERT LOBB REPUBLICAN FOR HAYS COUNTY JUDGE BUSINESS CARDS</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME THE BERT COBB CAMPAIGN FUND	3 ACCOUNT # (Ethics Commission Filers) N/A
4 Date 6/30/10	5 Payee name PAYPAL INC.	
6 Amount (\$) 7.73	7 Payee address; City; State; Zip Code 2211 N. 1st ST. SAN JOSE CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) BERT COBB REPUBLICAN FOR HAYS COUNTY JUDGE PAYPAL FEES
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission Filers) **2 Total pages filed:** 2

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>MR.</u> FIRST: <u>ALBERT</u> MI: <u>H</u> NICKNAME: <u>BERT</u> LAST: <u>COBB</u> SUFFIX: <u>JR.</u>	OFFICE USE ONLY RECEIVED Date Received: <u>JUL 14 2010</u> ELECTION OFFICE Date Hand-delivered or Date Postmarked:
--	---	---

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>PO BOX 913 SAN MARCOS TX 78667</u> <input type="checkbox"/> Change of Address
---	---

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <u>(512) 396 2125</u>	Receipt # _____ Amount _____ Date Processed _____
---	--	--

6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MR.</u> FIRST: <u>LON</u> MI: <u>A</u> NICKNAME: LAST: <u>SHELL</u> SUFFIX:	Date Imaged _____
----------------------------------	--	-------------------

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>1908 WEST McCARTY LN SAN MARCOS TX 78666</u>
---	--

8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <u>(512) 644 0848</u>
-----------------------------------	--

9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
----------------------	---

10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>2 / 21 / 10</u> <u>6 / 30 / 10</u>
--------------------------	--

11 ELECTION	ELECTION DATE: Month Day Year <u>3 / 2 / 10</u>	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE	OFFICE HELD (if any) _____ 13 OFFICE SOUGHT (if known) <u>HAYS COUNTY JUDGE</u>
------------------	---

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name: _____ Address / PO Box: Apt. / Suite #: City: State: Zip Code: _____ <input type="checkbox"/> additional pages
--	---

GO TO PAGE 2

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

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

15 C/OH NAME ALBERT H. "BERT" COBB, JR. **16 ACCOUNT # (Ethics Commission Filers)** N/A

17 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.

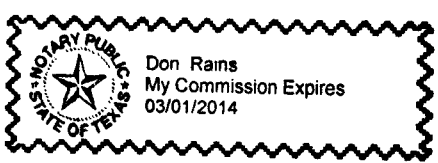
<input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>THE BERT COBB CAMPAIGN FUND</u>
		COMMITTEE ADDRESS
		<u>PO BOX 913 SAN MARCOS TX 78667</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>LON A. SHELL</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>1908 W. MCCARTY LN SAN MARCOS TX 78666</u>

18 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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

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

Albert Cobb
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ALBERT H. 'BERT' COBB, this the 13th day of JULY, 20 10, to certify which, witness my hand and seal of office.

Don Rains DONALD P. RAINS NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers) N/A	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR ALBERT H	OFFICE USE ONLY Date Received: RECEIVED <i>gpc</i> FEB 22 2010 ELECTION OFFICE Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX BEAT COBB JR		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 913 SAN MARCOS TX 78667		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 396 2125		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR LON A		
	NICKNAME LAST SUFFIX SHELL		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1908 WEST McCARTY LN SAN MARCOS TX 78666		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 644 0848		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 22 / 10 2 / 20 / 10		
11 ELECTION	ELECTION DATE Month Day Year 3 / 2 / 10	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) HAYS COUNTY JUDGE	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

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

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

15 C/OH NAME ALBERT H. "BERT" COBB, JR 16 ACCOUNT # (Ethics Commission Filers) N/A

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

• This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. •

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>THE BERT COBB CAMPAIGN FUND</u>
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>PO BOX 913 SAN MARCOS TX 78667</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>LON A. SHELL</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>1908 W. McCLARY LN SAN MARCOS TX 78666</u>

18 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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT



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

Bert Cobb

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bert Cobb, this the 22nd day of February, 2010, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Loren Clift
Printed name of officer administering oath

Notary Public
Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) N/A	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. ALBERT H NICKNAME LAST SUFFIX BERT COBB JR.	OFFICE USE ONLY Date Received: JAN 29 2010 RECEIVED IN THE ELECTION OFFICE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO Box 913 SAN MARCOS TX 78667		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 396 2125		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. LON A NICKNAME LAST SUFFIX SHELL	Receipt # Amount Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1908 W. MCCARTY LN SAN MARCOS TX 78666		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 644-0848		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 COH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 10 1 / 21 / 10		
11 ELECTION	ELECTION DATE Month Day Year 3 / 2 / 10	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) HAYS COUNTY JUDGE	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #: City: State: Zip Code		

GO TO PAGE 2

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

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

15 C/OH NAME ALBERT H. "BERT" COBB, JR. 16 ACCOUNT # (Ethics Commission Filer) N/A

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME
THE BERT COBB CAMPAIGN FUND

COMMITTEE ADDRESS
PO BOX 913 SAN MARCOS TX 78667

COMMITTEE CAMPAIGN TREASURER NAME
LON A. SHELL


COMMITTEE CAMPAIGN TREASURER ADDRESS
1908 W. MCCARTY LN SAN MARCOS TX 78666

** 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. **

18 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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

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



Bert Cobb
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bert Cobb, this the 27 day of January, 20 10, to certify which, witness my hand and seal of office.

Loren T. Clift
Signature of officer administering oath

Loren T. Clift
Printed name of officer administering oath

Notary Public
Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) N/A	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. ALBERT H NICKNAME LAST SUFFIX BERT COBB JR.	<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); font-weight: bold; font-size: 1.2em;"> RECEIVED IN THE JAN 29 2010 ELECTION OFFICE </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 913 SAN MARCOS TX 78667		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 396 2125		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. LON A NICKNAME LAST SUFFIX SHELL		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1908 W. MCCARTY LN SAN MARCOS TX 78666		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 644-0848		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 COH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 10 1 / 21 / 10		
11 ELECTION	ELECTION DATE Month Day Year 3 / 2 / 10	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) HAYS COUNTY JUDGE	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

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

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

15 C/OH NAME ALBERT H. "BERT" COBB, JR. 16 ACCOUNT # (Ethics Commission Filer) N/A

17 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 <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC	COMMITTEE NAME	<u>THE BERT COBB CAMPAIGN FUND</u>
	COMMITTEE ADDRESS	<u>PO BOX 913 SAN MARCOS TX 78667</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>LON A. SHELL</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>1908 W. MCCARTY LN SAN MARCOS TX 78666</u>

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

19 AFFIDAVIT



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

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bert Cobb, this the 27 day of January, 20 10, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Loren T. Clift
Printed name of officer administering oath

Notary Public
Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers) <i>N/A</i>	2 Total pages filed: <i>2</i>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR.</i> FIRST <i>ALBERT</i> MI <i>H</i>	OFFICE USE ONLY Date Received RECEIVED IN THE <i>for</i> JAN 15, 2010 ELECTION OFFICE Date Hand-delivered or Date Postmarked Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____
	NICKNAME LAST SUFFIX <i>BEAT COBB JR.</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO BOX 913 SAN MARCOS TX 78667</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 396 2125</i>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MR.</i> FIRST <i>LOW</i> MI <i>A</i>	
	NICKNAME LAST SUFFIX <i>SHELL</i>	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1908 WEST MCLARY LN SAN MARCOS TX 78666</i>
--	---

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 644 0848</i>
----------------------------	---

9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
---------------	---

10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>9 / 29 / 09 12 / 31 / 09</i>
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11 ELECTION	ELECTION DATE Month Day Year <i>3 / 2 / 10</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
-------------	--	--

12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>HAYS COUNTY JUDGE</i>
-----------------------------------	---

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name _____ Address / PO Box; Apt. / Suite #; City; State; Zip Code _____
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME ALBERT H. "BERT" COBB, JR. **16 ACCOUNT # (Ethics Commission Filers)**
N/A

17 NOTICE FROM POLITICAL COMMITTEE(S)

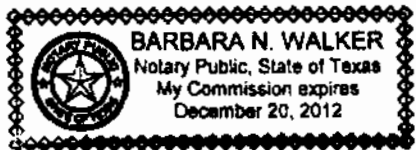
* This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME <u>THE BERT COBB CAMPAIGN FUND</u>
	COMMITTEE ADDRESS <u>PO BOX 913 SAN MARCOS TX 78667</u>
	COMMITTEE CAMPAIGN TREASURER NAME <u>LON A. SHELL</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <u>1908 W. MCCARTY LANE SAN MARCOS TX 78666</u>

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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
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.



AFFIX NOTARY STAMP / SEAL ABOVE

Bert Cobb
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bert Cobb, this the 15th day of January, 20 10, to certify which, witness my hand and seal of office.

Barbara N. Walker BARBARA N. WALKER NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE NAME	Albert H. "Bert" Cobb, Jr.
12 MODIFIED REPORTING DECLARATION	<p style="text-align: center;">COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p style="text-align: center;">** This declaration must be filed no later than the 30th day before the first election to which the declaration applies. **</p> <p style="text-align: center;">** The modified reporting option is valid for one election cycle only. ** <small>(An election cycle includes a primary election, a general election, and any related runoffs.)</small></p> <p style="text-align: center;">** 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. **</p> <p>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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <p>Year of election(s) or election cycle to which declaration applies</p> </div> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <p>Signature of Candidate</p> </div> </div>

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
gac SEP 29 2009
ELECTION OFFICE

HD / PM

Date Processed

Date Imaged

<p>1 ACCOUNT NUMBER: (Ethics Commission Filers)</p>	<p>2 TYPE OF FILER:</p> <p><input checked="" type="checkbox"/> CANDIDATE <small>If filing as a candidate, complete boxes 3 - 6 then read and sign page 2.</small></p> <p><input type="checkbox"/> POLITICAL COMMITTEE <small>If filing for a political committee, complete boxes 7 and 8 then read and sign page 2.</small></p>		
<p>3 NAME OF CANDIDATE (Please type or print)</p>	<p>TITLE (Dr., Mr., Ms., etc.) DR.</p> <p>NICKNAME BERT</p>	<p>FIRST ALBERT</p> <p>LAST COBB</p>	<p>MI H</p> <p>SUFFIX (Sr., Jr., III, etc.) JR.</p>
<p>4 TELEPHONE NUMBER OF CANDIDATE (Please type or print)</p>	<p>AREA CODE (512)</p>	<p>PHONE NUMBER 396 -2125</p>	<p>EXTENSION</p>
<p>5 ADDRESS OF CANDIDATE (Please type or print)</p>	<p>ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE</p> <p>PO BOX 913 SAN MARCOS TX 78669-0913</p>		
<p>6 OFFICE SOUGHT BY CANDIDATE (Please type or print)</p>	<p>HAYS COUNTY JUDGE</p>		
<p>7 NAME OF COMMITTEE (Please type or print)</p>			
<p>8 NAME OF CAMPAIGN TREASURER (Please type or print)</p>	<p>TITLE (Dr., Mr., Ms., etc.)</p> <p>NICKNAME</p>	<p>FIRST</p> <p>LAST</p>	<p>MI</p> <p>SUFFIX (Sr., Jr., III, etc.)</p>

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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 untrammelled 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.

9-28-09

Date



Signature