

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Fliers)	2 Total pages filed:	12	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Heather			MI		
	NICKNAME Shelli	LAST Cobb	SUFFIX	OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1808 Kent Street, Taylor, TX 76574			Date Received		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	RECEIVED APR 03 2024 BY: OP		
6 CAMPAIN TREASURER NAME	MS / MRS / MR	FIRST Stacy	MI	Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST Stork	SUFFIX	Receipt # Amount \$		
				Date Processed		
				Date Imaged		
7 CAMPAIN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 1903 Meadow Lane, Taylor, TX 76574			STATE, ZIP CODE		
8 CAMPAIN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	( 361 )	633-1267				
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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 1	Day / 17 /	Year 24	Month 3	Day / 25 /	Year 24
11 ELECTION	ELECTION DATE Month 5 / Day 4 / Year 24	ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) City Council District 2		
14 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.					
Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Heather Shelli Cobb		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,989.38
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,190.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,799.23
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

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

**Signature of Candidate or Officeholder**

**Please complete either option below:**

**(1) Affidavit**

**NOTARY STAMP/SEAL**

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_  
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

OR

**(2) Unsworn Declaration**

My name is Shelli Cobb, and my date of birth is                     
My address is 1808 Kent St.      Taylor      TX      76574      USA

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country) \_\_\_\_\_

Executed in **Williamson** County, State of **Texas** on the **3rd** day of **April** **2024**

(street) (city) (state) (zip code) (country)

day of April 2024

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (Month) (Year)

day of 1, 20  
(month) year

Shull ~~and~~

**Signature of Candidate/Officeholder (Deputy)**

**Signature of Candidate/Officeholder (Declarant)**

**Signature of Candidate/Officeholder (Declarant)**

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Review

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <b>Heather Shelli Cobb</b>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,989.38
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,190.15
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			<b>1</b> Total pages Schedule A1: <b>5</b>
<b>2</b> FILER NAME <b>Heather Shelli Cobb</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  01/17/2024	<b>5</b> Full name of contributor  Dwayne Ariola Campaign	out-of-state PAC (ID#: .....)	<b>7</b> Amount of contribution (\$)  <b>3,394.69</b>
	<b>6</b> Contributor address; .....	City: State: Zip Code [REDACTED] Taylor, TX 76574	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
<b>Date</b>  01/24/2024	<b>Full name of contributor</b>  Keith & Marcia Hagler	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>500.00</b>
	Contributor address; .....	City: State: Zip Code [REDACTED] Taylor, TX 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b>  01/20/2024	<b>Full name of contributor</b>  Mike Caplinger	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>100.00</b>
	Contributor address; .....	City: State: Zip Code [REDACTED] Taylor, TX 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b>  01/27/2024	<b>Full name of contributor</b>  Ken & Paulette McConchie	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>200.00</b>
	Contributor address; .....	City: State: Zip Code [REDACTED] Taylor, TX 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Heather Shelli Cobb</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>01/31/2024</b>	5 Full name of contributor <b>Cheryl Scruggs</b>	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; .....	City; .....	State; .....	Zip Code
<b>Taylor, TX 76574</b>			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <b>01/31/2024</b>	Full name of contributor <b>Bill &amp; Charlotte Albert</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>100.00</b>
Contributor address; .....	City; .....	State; .....	Zip Code
<b>Thrall, TX 76578</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>01/31/2024</b>	Full name of contributor <b>Pete Zimmerhanzel</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>100.00</b>
Contributor address; .....	City; .....	State; .....	Zip Code
<b>Taylor, TX 76574</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>02/08/2024</b>	Full name of contributor <b>RCT Holding LLC</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; .....	City; .....	State; .....	Zip Code
<b>Taylor, TX 76574</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <b>5</b>
<b>2 FILER NAME</b> <b>Heather Shelli Cobb</b>			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b>  02/10/2024	<b>5 Full name of contributor</b>  Peter & Susan Bryan	<b>6 Contributor address;</b>  [REDACTED] <b>Taylor, TX 76574</b>	<b>7 Amount of contribution (\$)</b>  <b>100.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b>  02/21/2024	<b>Full name of contributor</b>  Sheila Debus	<b>out-of-state PAC (ID#)</b>  Contributor address: [REDACTED] City: State: Zip Code  [REDACTED] <b>Taylor, TX 76574</b>	<b>Amount of contribution (\$)</b>  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b>  02/21/2024	<b>Full name of contributor</b>  Dwayne Ariola Campaign	<b>out-of-state PAC (ID#)</b>  Contributor address: [REDACTED] City: State: Zip Code  [REDACTED] <b>Taylor, TX 76574</b>	<b>Amount of contribution (\$)</b>  <b>1,894.69</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b>  02/22/2024	<b>Full name of contributor</b>  Danny Hughes Insurance Agency	<b>out-of-state PAC (ID#)</b>  Contributor address: [REDACTED] City: State: Zip Code  [REDACTED] <b>Taylor, TX 76574</b>	<b>Amount of contribution (\$)</b>  <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <u>5</u>
2 FILER NAME Heather Shelli Cobb			3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2024	5 Full name of contributor Rudy Tim Mikeska	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address: [REDACTED] Taylor, TX 76574			City: State: Zip Code
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/02/2024	Full name of contributor Tim Vaneciek	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>200.00</b>
Contributor address: [REDACTED] Taylor, TX 76574			City: State: Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/02/2024	Full name of contributor Tim Vaneciek	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>200.00</b>
Contributor address: [REDACTED] Taylor, TX 76574			City: State: Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/07/2024	Full name of contributor Pam Vrabel	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>50.00</b>
Contributor address: [REDACTED] Taylor, TX 76574			City: State: Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <u>5</u>
<b>2 FILER NAME</b> Heather Shelli Cobb			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 03/09/2024	<b>5 Full name of contributor</b> Susan & Blaine Faykus	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>2,000.00</b>
	<b>6 Contributor address;</b> [REDACTED]	City: State: Zip Code Taylor, TX 76574	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 02/27/2024	<b>Full name of contributor</b> Matthew Lindemann	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>250.00</b>
	<b>Contributor address:</b> [REDACTED]	City: State: Zip Code Georgetown, TX 78627	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 03/15/2024	<b>Full name of contributor</b> S&D Plumbing- Taylor, LLC	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>250.00</b>
	<b>Contributor address:</b> [REDACTED]	City: State: Zip Code Taylor, TX 76574	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b>	City: State: Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>Heather Shelli Cobb</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01/23/2024</b>	5 Payee name <b>Deluxe Checks-CNBT</b>	
6 Amount (\$) <b>26.98</b>	7 Payee address; <b>116 W. Third St., Taylor, TX 76574</b>	City: _____ State: _____ Zip Code _____
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	(b) Description <b>account checkbook</b>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date <b>01/20/2024</b>	Payee name <b>El Corral Lozano</b>	
Amount (\$) <b>115.00</b>	Payee address; <b>300 W. Second St., Taylor, TX 76574</b>	City: _____ State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>"Candidly Cobb" meet &amp; greet event</b>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date <b>01/20/2024</b>	Payee name <b>Second Street Station</b>	
Amount (\$) <b>70.00</b>	Payee address; <b>201 N Main St., Taylor, TX 76574</b>	City: _____ State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>"Candidly Cobb" meet &amp; greet event</b>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:  <i>4</i>	2 FILER NAME  Heather Shelli Cobb	3 Filer ID (Ethics Commission Filers)	
4 Date  01/25/2024	5 Payee name  VistaPrint		
6 Amount (\$)  88.85	7 Payee address;  275 Wyman Street, Waltham, MA 02451	City: _____ State: _____ Zip Code _____	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense	(b) Description  Business & Thank You cards	
	(c) Check if travel outside of Texas. Complete Schedule T. _____ Check if Austin, TX, officeholder living expense _____		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date  01/29/2024	Payee name  Taylor Sporting Goods		
Amount (\$)  471.97	Payee address;  307 N Main St., Taylor, TX 76574	City: _____	State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  T-shirts	
	Check if travel outside of Texas. Complete Schedule T. _____ Check if Austin, TX, officeholder living expense _____		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date  02/08/2024	Payee name  WalMart		
Amount (\$)  13.60	Payee address;  3701 N Main St., Taylor, TX 76574	City, _____	State, _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Other	Description  postage stamps	
	Check if travel outside of Texas. Complete Schedule T. _____ Check if Austin, TX, officeholder living expense _____		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Heather Shelli Cobb		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2024	5 Payee name Zapatas Mexican Restaurant		
6 Amount (\$) 77.60	7 Payee address, City; State; Zip Code 1808 W 2nd St., Taylor, TX 76574		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description "Candidly Cobb" meet & greet event	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
Date 02/13/2024		Payee name WalMart	
Amount (\$) 24.20		Payee address; City; State; Zip Code 3701 N Main St., Taylor, TX 76574	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description pens, bottled water for door knockers	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
Date 02/19/2024		Payee name VistaPrint	
Amount (\$) 45.45		Payee address; City; State; Zip Code 275 Wyman Street, Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Business Cards	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>4</i>	2 FILER NAME <b>Heather Shelli Cobb</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>02/28/2024</b>	5 Payee name <b>TeddlieStuart Media Partners, Inc.</b>		
6 Amount (\$) <b>4,123.67</b>	7 Payee address; <b>511 Washburn St., Taylor, TX 76574</b>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>Campaign consultant, graphic design and print ads</b>	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>03/09/2024</b>	Payee name <b>El Corral Lozano</b>		
Amount (\$) <b>53.79</b>	Payee address; <b>300 W. Second St., Taylor, TX 76574</b>	City;	State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>"Candidly Cobb" meet &amp; greet event</b>	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>03/14/2024</b>	Payee name <b>PayPal</b>		
Amount (\$) <b>79.04</b>	Payee address; <b>2211 N 1st St., San Jose, CA 95131</b>	City;	State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>online donation fees</b>	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED