

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 Filers)	2 Total pages filed:		
			8			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Heather	MI	OFFICE USE ONLY		
	NICKNAME Shelli	LAST Cobb	SUFFIX	Date Received <i>4-26-2024 AM</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1808 Kent Street, Taylor, TX 76574					
Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	(512)	567-3780				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Stacy	MI	Receipt # Amount \$		
	NICKNAME	LAST Stork	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 1903 Meadow Lane, Taylor, TX 76574					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(361)	633-1267				
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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 3	Day 26	Year / 24	Month 4	Day / 24	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) 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 <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) \$ 309.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,509.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 2,344.74
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 6,713.49
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

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

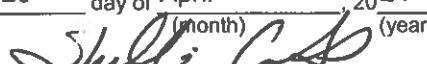
(2) Unsworn Declaration

My name is Shelli Cobb, and my date of birth is _____.

My address is 1808 Kent St., Taylor, TX, 76574, USA

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

Executed in Williamson County, State of Texas, on the 26 day of April, 2024.

(month) (year)


Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Heather Shelli Cobb	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,950.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,344.74
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.			1 Total pages Schedule A1: <i>2</i>
2 FILER NAME Heather Shelli Cobb			3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2024	5 Full name of contributor Jeff & Stacy Stork 6 Contributor address; [REDACTED] Taylor, TX 76574	out-of-state PAC (ID#: _____) City: _____ State: _____ Zip Code	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 04/16/2024	Full name of contributor RLN Real Estate LLC Contributor address; [REDACTED] Taylor, TX 76574	out-of-state PAC (ID#: _____) City: _____ State: _____ Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/16/2024	Full name of contributor Keith & Marcia Hagler Contributor address; [REDACTED] Taylor, TX 76574	out-of-state PAC (ID#: _____) City: _____ State: _____ Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/22/2024	Full name of contributor Witt Contracting Solutions LLC Contributor address; [REDACTED] Thrall, TX 76578	out-of-state PAC (ID#: _____) City: _____ State: _____ Zip Code	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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: <i>2</i>
2 FILER NAME Heather Shelli Cobb			3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2024	5 Full name of contributor Rudy Tim Mikeska	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 200.00
	6 Contributor address; [REDACTED]	City: State: Zip Code [REDACTED] Taylor, TX 76574	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/31/2024	Full name of contributor James & Stella Buzan	out-of-state PAC (ID#:)	Amount of contribution (\$) 150.00
	Contributor address; [REDACTED]	City: State: Zip Code [REDACTED] Taylor, TX 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/06/2024	Full name of contributor Brian & Shelli Cobb	out-of-state PAC (ID#:)	Amount of contribution (\$) 200.00
	Contributor address; [REDACTED]	City: State: Zip Code [REDACTED] Taylor, TX 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/08/2024	Full name of contributor Ernest & Robin Ariola	out-of-state PAC (ID#:)	Amount of contribution (\$) 200.00
	Contributor address; [REDACTED]	City: State: Zip Code [REDACTED] Taylor, TX 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Heather Shelli Cobb				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 04/01/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tim Mikeska			8 Amount of Contribution \$ 250.00	9 In-kind contribution description Photography
	7 Contributor address; [REDACTED]	City:	State:		
[REDACTED] Taylor, TX 76574					
Check if travel outside of Texas. Complete Schedule T.					
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired				11 Employer (FOR NON-JUDICIAL)(See Instructions) Self-Employed	
12 Contributor's principal occupation (FOR JUDICIAL)				13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)				15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [REDACTED]			Amount of Contribution \$	In-kind contribution description
	Contributor address; [REDACTED]	City:	State:		
Check if travel outside of Texas. Complete Schedule T.					
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)				Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)				Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)				Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
<p style="text-align: center;">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 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2</i>	2 FILER NAME Heather Shelli Cobb	3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2024	5 Payee name Zapatas Mexican Restaurant	
6 Amount (\$) 114.57	7 Payee address; 1808 W 2nd St., Taylor, TX 76574	City; State; Zip Code
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 Office held
Date 04/09/2024	Payee name Greater Taylor Chamber of Commerce	
Amount (\$) 25.00	Payee address; 1519 N Main St., Taylor, TX 76574	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description table @ Candidates' Forum
	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 04/10/2024	Payee name City of Taylor-Main St.	
Amount (\$) 100.00	Payee address; 400 Porter St., Taylor, TX 76574	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Booth @ TaylorFest
	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2</i>	2 FILER NAME Heather Shelli Cobb	3 Filer ID (Ethics Commission Filers)	
4 Date 04/10/2024	5 Payee name Oriental Trading		
6 Amount (\$) 115.17	7 Payee address: PO Box 2308, Omaha, NE 68103	City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description candy, games, & toys for festival booth	
	(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 04/18/2024	Payee name KRXT		
Amount (\$) 990.00	Payee address: 1095 W Highway 95, Rockdale, TX 76567	City: _____ State: _____ Zip Code: _____	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description radio advertising	
	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 04/22/2024	Payee name KOKE-FM		
Amount (\$) 1,000.00	Payee address: 912 S Capital of Texas Highway #400, Austin, TX 78746	City: _____ State: _____ Zip Code: _____	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Radio advertising on	
	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