

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed <u>11</u>		OFFICE USE ONLY RECEIVED BY: <u>1/24/2025</u> TIME: <u>12:00 P</u> CITY CLERK'S OFFICE DATE: <u>1/24/2025</u> BY: <u>[Signature]</u>	
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR <u>Mr.</u> FIRST <u>Austin</u> MI <u>A</u> NICKNAME LAST <u>Cobb</u> SUFFIX					
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election Other (specify) _____		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
5 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year / / THROUGH / /			

6 EXPLANATION OF CORRECTION

Inadvertently left PayPal balance off total cash on hand

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/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 Austin Cobb, and my date of birth is [Redacted]
My address is 3603 Cedar Elm Ln, Wichita Falls, TX, 76308, USA
(street) (city) (state) (zip code) (country)

Executed in Wichita County, State of Texas, on the 22 day of Jun, 20 25
(month) (year)

[Signature]
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: **10**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR.

AUSTIN

A

NICKNAME

LAST

SUFFIX

COBB

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**3603 CEDAR ELM
WICHITA FALLS, TX 76308**

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

781-5698

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR

JOSHUA

D

NICKNAME

LAST

SUFFIX

WHITTAKER

CPA

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

**4505 TOBAGO
WICHITA FALLS, TX 76308**

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

781-6123

9 REPORT TYPE

☐

January 15

☐

30th day before election

☒

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

10 / 26 / 24

THROUGH

Month

Day

Year

12 / 4 / 24

11 ELECTION

ELECTION DATE

Month

Day

Year

12 / 14 / 24

ELECTION TYPE

☐

Primary

☒

Runoff

☐

Other
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

WICHITA FALLS CITY COUNCIL AT LARGE

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
AUSTIN A 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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 45,344.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,395.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,411.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 AUSTIN A COBB, and my date of birth is _____.

My address is 3603 CEDAR ELM, WICHITA FALLS, TX, 76308, USA.
(street) (city) (state) (zip code) (country)

Executed in WICHITA County, State of TEXAS, on the 5TH day of DECEMBER, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME AUSTIN A COBB		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,850.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 31,494.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,395.38
6.	■ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 14,110.81
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: 3**2** FILER NAME

AUSTIN A. COBB

3 Filer ID (Ethics Commission Filers)**4** Date

11/06/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

CAMERON AND HEATHER CREEMENS

7 Amount of contribution (\$)

5,000.00

6 Contributor address;

City;

State;

Zip Code

WICHITA FALLS, TX 76308

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

11/14/2024

Full name of contributor

out-of-state PAC (ID#: _____)

MAX VORDENBAUM

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

WICHITA FALLS, TX 76308

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/2024

Full name of contributor

out-of-state PAC (ID#: _____)

JANE SPEARS CARNES

Amount of contribution (\$)

2,000.00

Contributor address;

City;

State;

Zip Code

WICHITA FALLS, TX 76308

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/2024

Full name of contributor

out-of-state PAC (ID#: _____)

DEBBIE GUSTAFSON

Amount of contribution (\$)

2,000.00

Contributor address;

City;

State;

Zip Code

WICHITA FALLS, TX 76308

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: **3****2** FILER NAME**AUSTIN A. COBB****3** Filer ID (Ethics Commission Filers)**4** Date**11/12/2024****5** Full name of contributor

out-of-state PAC (ID#: _____)

DONNA LONG**6** Contributor address;

City;

State;

Zip Code

WICHITA FALLS, TX 76301**7** Amount of contribution (\$)**100.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

11/21/2024

Full name of contributor

out-of-state PAC (ID#: _____)

WICHITA FALLS POLICE OFFICERS ASSOCIATION

Contributor address;

City;

State;

Zip Code

WICHITA FALLS, TX 76306

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/23/2024

Full name of contributor

out-of-state PAC (ID#: _____)

ROBBIE MARTIN

Contributor address;

City;

State;

Zip Code

WICHITA FALLS, TX 76308

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/15/2024

Full name of contributor

out-of-state PAC (ID#: _____)

STEPHEN SANTELLANA

Contributor address;

City;

State;

Zip Code

WICHITA FALLS, TX 76308

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:

3

2 FILER NAME

AUSTIN A. COBB

3 Filer ID (Ethics Commission Filers)

4 Date

11/14/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

DAVID TREY KIMBELL

6 Contributor address;

City;

State;

Zip Code

WICHITA FALLS, TX 76308

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/12/2024

Full name of contributor

out-of-state PAC (ID#: _____)

WILLIAM STREICH

Contributor address;

City;

State;

Zip Code

HOLLIDAY, TX 76366

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/2024

Full name of contributor

out-of-state PAC (ID#: _____)

DUSTIN CLINE

Contributor address;

City;

State;

Zip Code

WICHITA FALLS, TX 76308

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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:		2	
2 FILER NAME AUSTIN A. COBB						3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						\$ 31,494			
5 Date 11/14/2024		6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONNA JONES				8 Amount of Contribution \$ 300.00		9 In-kind contribution description ADVERTISING EXPENSE	
		7 Contributor address; City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76309				Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS OWNER						11 Employer (FOR NON-JUDICIAL) (See Instructions) GII AD GROUP			
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 12/02/2024		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLT WEST				Amount of Contribution \$ 450.00		In-kind contribution description ADVERTISING EXPENSE	
		Contributor address; City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76308				Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS OWNER						Employer (FOR NON-JUDICIAL) (See Instructions) CRANE-WEST			
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)									
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: 2

2 FILER NAME

AUSTIN A. COBB

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 31,494

5 Date

12/02/2024

6 Full name of contributor

☐ out-of-state PAC (ID#: _____)

WICHITA FALLS PROFESSIONAL FIREFIGHTERS

7 Contributor address;

City;

State;

Zip Code

6923 INDIANA AVENUE PMB 292 LUBBOCK, TX 79413

8 Amount of Contribution \$

30,744.00

9 In-kind contribution description

ADVERTISING EXPENSE

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

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

☐ out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address;

City;

State;

Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

AFTER A WHILE By Jorge Luis Borges (revised and copyrighted by Veronica Shoffstall) After a while you learn the subtle difference between holding

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1	2 FILER NAME AUSTIN A. COBB	3 Filer ID (Ethics Commission Filers)
4 Date 11/14/2024	5 Payee name GII AD GROUP	
6 Amount (\$) 1,299.00	7 Payee address; City; State; Zip Code 3005 LANSING BLVD #126 WICHITA FALLS, TX 76309	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CAMPAIGN MAILERS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/03/2024	Payee name PAYPAL INC	
Amount (\$) 96.38	Payee address; City; State; Zip Code 2211 NORTH 1ST ST SAN JOSE, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PAYPAL FEES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY 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
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1		2 FILER NAME AUSTIN A. COBB		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$ 14,110.18	
5 Date 11/04/2024		6 Payee name HOEGGER COMMUNICATIONS			
7 Amount (\$) 725.77		8 Payee address; City; State; Zip Code 901 INDIANA AVENUE WICHITA FALLS, TX 76301			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description MARKETING AND SOCIAL MEDIA	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

Date 12/03/2024		Payee name ACTION PRINTING			
Amount (\$) 13,384.41		Payee address; City; State; Zip Code 2407 82ND ST LUBBOCK, TX 79423			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER		Description WALK LIST	
		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

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: 10

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
MR. AUSTIN A
NICKNAME LAST SUFFIX
COBB

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
3603 CEDAR ELM
WICHITA FALLS, TX 76308

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(940) 781-5698

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MR JOSHUA D
NICKNAME LAST SUFFIX
WHITTAKER CPA

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE
4505 TOBAGO
WICHITA FALLS, TX 76308

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(940) 781-6123

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☒ Runoff ☐ 15th day after campaign
treasurer appointment
(Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified
Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
10 / 26 / 24 THROUGH 12 / 4 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☒ Runoff ☐ Other
Description
12 / 14 / 24 ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

WICHITA FALLS CITY COUNCIL AT LARGE

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.

COMMITTEE TYPE

COMMITTEE NAME

☒ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

Wichita Falls Fire PAC
PO box 46412 Wichita Falls, TX 76308
Clay McCarthy
1209 Oakhurst Dr. Wichita Falls, TX 76302

GO TO PAGE 2

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount \$
Date Processed
Date Imaged
RECEIVED IN
CITY CLERK'S OFFICE
12/6/2024
Time 4:20 PM
MB

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
AUSTIN A 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)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 45,344.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,395.38

CONTRIBUTION
BALANCE

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

\$ 10,416.64

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

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 AUSTIN A COBB and my date of birth is _____

My address is 3603 CEDAR ELM WICHITA FALLS TX 76308 USA
(street) (city) (state) (zip code) (country)

Executed in WICHITA County, State of TEXAS, on the 5TH day of DECEMBER, 2024
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****AUSTIN A COBB****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,850.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 31,494.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,395.38
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 14,110.81
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: 3
2 FILER NAME AUSTIN A. COBB		3 Filer ID (Ethics Commission Filers)
4 Date 11/06/2024	5 Full name of contributor out-of-state PAC (ID#: CAMERON AND HEATHER CREEMENS 6 Contributor address; City; State; Zip Code WICHITA FALLS, TX 76308	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: MAX VORDENBAUM Contributor address; City; State; Zip Code WICHITA FALLS, TX 76308	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2024	Full name of contributor out-of-state PAC (ID#: JANE SPEARS CARNES Contributor address; City; State; Zip Code WICHITA FALLS, TX 76308	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2024	Full name of contributor out-of-state PAC (ID#: DEBBIE GUSTAFSON Contributor address; City; State; Zip Code WICHITA FALLS, TX 76308	Amount of contribution (\$) 2,000.00
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: 3
2 FILER NAME AUSTIN A. COBB		3 Filer ID (Ethics Commission Filers)
4 Date 11/12/2024	5 Full name of contributor out-of-state PAC (ID#: _____) DONNA LONG 6 Contributor address; City; State; Zip Code [REDACTED] FALLS, TX 76301	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/2024	Full name of contributor out-of-state PAC (ID#: _____) WICHITA FALLS POLICE OFFICERS ASSOCIATION Contributor address; City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76306	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/23/2024	Full name of contributor out-of-state PAC (ID#: _____) ROBBIE MARTIN Contributor address; City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76308	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2024	Full name of contributor out-of-state PAC (ID#: _____) STEPHEN SANTELLANA Contributor address; City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76308	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: 3
2 FILER NAME AUSTIN A. COBB		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/2024	5 Full name of contributor out-of-state PAC (ID#: _____) DAVID TREY KIMBELL 6 Contributor address; City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76308	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/12/2024	Full name of contributor out-of-state PAC (ID#: _____) WILLIAM STREICH Contributor address; City; State; Zip Code [REDACTED] HOLLIDAY, TX 76366	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2024	Full name of contributor out-of-state PAC (ID#: _____) DUSTIN CLINE Contributor address; City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76308	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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: 2	
2 FILER NAME AUSTIN A. COBB		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 31,494	
5 Date 11/14/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONNA JONES 7 Contributor address; City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76309	8 Amount of Contribution \$ 300.00	9 In-kind contribution description ADVERTISING EXPENSE <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS OWNER		11 Employer (FOR NON-JUDICIAL) (See Instructions) GII AD GROUP	
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 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLT WEST Contributor address; City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76308	Amount of Contribution \$ 450.00	In-kind contribution description ADVERTISING EXPENSE <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS OWNER		Employer (FOR NON-JUDICIAL) (See Instructions) CRANE-WEST	
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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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: 2	
2 FILER NAME AUSTIN A. COBB		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 31,494	
5 Date 12/02/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WICHITA FALLS PROFESSIONAL FIREFIGHTERS 7 Contributor address; City; State; Zip Code 6923 INDIANA AVENUE PMB 292 LUBBOCK, TX 79413	8 Amount of Contribution \$ 30,744.00 Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description ADVERTISING EXPENSE
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <small>AFTER A WHILE By Jorge Luis Borges (revised and copyrighted by Veronica Shorefield) After a while you learn the subtle difference between holding</small>		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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1	2 FILER NAME AUSTIN A. COBB	3 Filer ID (Ethics Commission Filers)
4 Date 11/14/2024	5 Payee name GII AD GROUP	
6 Amount (\$) 1,299.00	7 Payee address; City; State; Zip Code 3005 LANSING BLVD #126 WICHITA FALLS, TX 76309	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CAMPAIGN MAILERS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/03/2024	Payee name PAYPAL INC	
Amount (\$) 96.38	Payee address; City; State; Zip Code 2211 NORTH 1ST ST SAN JOSE, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PAYPAL FEES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY 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
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME AUSTIN A. COBB	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 14,110.18
5 Date 11/04/2024	6 Payee name HOEGGER COMMUNICATIONS	
7 Amount (\$) 725.77	8 Payee address; City; State; Zip Code 901 INDIANA AVENUE WICHITA FALLS, TX 76301	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description MARKETING AND SOCIAL MEDIA
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/03/2024	Payee name ACTION PRINTING	
Amount (\$) 13,384.41	Payee address; City; State; Zip Code 2407 82ND ST LUBBOCK, TX 79423	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description WALK LIST / Marketing
	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