

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed	OFFICE USE ONLY			
		11				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Austin</i>	MI <i>A</i>			
	NICKNAME	LAST <i>Cobb</i>	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"/> Other (specify) _____ <input type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)					
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 (ob), and my date of birth is 00/00/00

My address is 3603 Cedar Elm Ln, Wichita Falls, TX 76308, USA.

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

Executed in Orlando County, State of Florida, on the 12 day of July, 2023.
(month) (year)

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 MR.	FIRST AUSTIN	MI A	OFFICE USE ONLY		
	NICKNAME	LAST COBB	SUFFIX	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 (940)	PHONE NUMBER 781-5698	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST JOSHUA	MI D	Receipt #	Amount \$	
	NICKNAME	LAST WHITTIKER	SUFFIX CPA	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 4505 TOBAGO WICHITA FALLS, TX 76308			STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 781-6123	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" 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 10	Day 26	Year 24	Month 12	Day 4	Year 24
11 ELECTION	ELECTION DATE Month 12 / Day 14 / Year 24		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) WICHITA FALLS CITY COUNCIL AT LARGE		
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 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

Executed in **WICHITA** County, State of **TEXAS** on the **5TH** day of **DECEMBER**, **2024** at **(street)** **(city)** **(state)** **(zip code)** **(country)**

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. <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 CAMERON AND HEATHER CREEMENS	6 Contributor address; 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 MAX VORDENBAUM	out-of-state PAC (ID#: _____) Contributor address; 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 JANE SPEARS CARNES	out-of-state PAC (ID#: _____) Contributor address; 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 DEBBIE GUSTAFSON	out-of-state PAC (ID#: _____) Contributor address; 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 DONNA LONG	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76301	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/21/2024	Full name of contributor WICHITA FALLS POLICE OFFICERS ASSOCIATION	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76306	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/23/2024	Full name of contributor ROBBIE MARTIN	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76308	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/15/2024	Full name of contributor STEPHEN SANTELLANA	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] 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 11/14/2024	5 Full name of contributor DAVID TREY KIMBELL	out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) 250.00
	6 Contributor address; [REDACTED]	City; State; Zip Code WICHITA FALLS, TX 76308	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/12/2024	Full name of contributor WILLIAM STREICH	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	City; State; Zip Code HOLLIDAY, TX 76366	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2024	Full name of contributor DUSTIN CLINE	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	City; State; Zip Code WICHITA FALLS, TX 76308	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
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: 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 DONNA JONES	8 Amount of Contribution \$ 300.00
	7 Contributor address; [REDACTED]	9 In-kind contribution description ADVERTISING EXPENSE
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)		
[REDACTED]		
Date 12/02/2024	Full name of contributor COLT WEST	Amount of Contribution \$ 450.00
	Contributor address; [REDACTED]	In-kind contribution description ADVERTISING EXPENSE
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)		
[REDACTED]		
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 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 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) AFTER A WHILE By Jorge Luis Borges (revised and copyrighted by Veronica Shoffstall) After a while you learn the subtle difference between holding +		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; 3005 LANSING BLVD #126 WICHITA FALLS, TX 76309	City; State; Zip Code	
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 <u>ONLY</u> 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; 2211 NORTH 1ST ST SAN JOSE, CA 95131	City; State; Zip Code	
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 <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	
	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

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:	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; 901 INDIANA AVENUE WICHITA FALLS, TX 76301	City; State; Zip Code	
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; 2407 82ND ST LUBBOCK, TX 79423	City;	State; Zip Code
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:
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR MR. AUSTIN NICKNAME COBB LAST SUFFIX				OFFICE USE ONLY MI A Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX: 3603 CEDAR ELM CITY: WICHITA FALLS, TX 76308 Change of Address				APT / SUITE #: CITY: STATE: ZIP CODE Date Hand-delivered or Date Postmarked	
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE (940) PHONE NUMBER 781-5698				EXTENSION Receipt # Date Amount \$ By Date Processed	
6 CAMPAIGN TREASURER NAME MS / MRS / MR MR JOSHUA NICKNAME WHITTIKER LAST SUFFIX CPA				MI D Date Imaged	
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE): 4505 TOBAGO CITY: WICHITA FALLS, TX 76308 (Residence or Business)				STATE: ZIP CODE	
8 CAMPAIGN TREASURER PHONE AREA CODE (940) PHONE NUMBER 781-6123				EXTENSION	
9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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 10 Day 26 Year 24 THROUGH Month 12 Day 4 Year 24					
11 ELECTION ELECTION DATE Month 12 Day 14 Year 24				ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> 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.					
Additional Pages <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE TYPE GENERAL COMMITTEE NAME Wichita Falls Fire PAC COMMITTEE ADDRESS PO box 4642 Wichita Falls, Tx 76308 COMMITTEE CAMPAIGN TREASURER NAME Clay McCarthy COMMITTEE CAMPAIGN TREASURER ADDRESS 1209 Oakhurst Dr. Wichita Falls, TX 76302			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 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**

Executed in **WICHITA**, County, State of **TEXAS**, on the **5TH** day of **DECEMBER**, **2024**.

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

(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. <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 CAMERON AND HEATHER CREEMENS	out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 5,000.00
	6 Contributor address; [REDACTED] WICHITA FALLS, TX 76308	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/14/2024	Full name of contributor MAX VORDENBAUM	out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED] WICHITA FALLS, TX 76308	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/2024	Full name of contributor JANE SPEARS CARNES	out-of-state PAC (ID#_____)	Amount of contribution (\$) 2,000.00
	Contributor address; [REDACTED] WICHITA FALLS, TX 76308	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2024	Full name of contributor DEBBIE GUSTAFSON	out-of-state PAC (ID#_____)	Amount of contribution (\$) 2,000.00
	Contributor address; [REDACTED] WICHITA FALLS, TX 76308	City; State; Zip Code	
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 DONNA LONG	out-of-state PAC (ID#: [REDACTED])	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] FALLS, TX 76301	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/21/2024	Full name of contributor WICHITA FALLS POLICE OFFICERS ASSOCIATION	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 1,000.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76306	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/23/2024	Full name of contributor ROBBIE MARTIN	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 1,000.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76308	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/15/2024	Full name of contributor STEPHEN SANTELLANA	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 1,000.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] WICHITA FALLS, TX 76308	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 DAVID TREY KIMBELL	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 250.00
	6 Contributor address: [REDACTED]	City; State; Zip Code [REDACTED]	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/12/2024	Full name of contributor WILLIAM STREICH	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address: [REDACTED]	City; State; Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2024	Full name of contributor DUSTIN CLINE	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address: [REDACTED]	City; State; Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address:	City; State; Zip Code	
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.

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2: 2</p>
<p>2 FILER NAME AUSTIN A. COBB</p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 31,494</p>				
<p>5 Date 11/14/2024</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DONNA JONES</p>			<p>8 Amount of Contribution \$ 300.00</p>
	<p>7 Contributor address; [REDACTED]</p>	<p>City: [REDACTED]</p>	<p>State: [REDACTED]</p>	<p>9 In-kind contribution description ADVERTISING EXPENSE</p>
<p>Check if travel outside of Texas. Complete Schedule T.</p>				
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS OWNER</p>		<p>11 Employer (FOR NON-JUDICIAL) (See Instructions) GII AD GROUP</p>		
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See Instructions)</p>		
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/02/2024</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: COLT WEST</p>			<p>Amount of Contribution \$ 450.00</p>
	<p>Contributor address; [REDACTED]</p>	<p>City: [REDACTED]</p>	<p>State: [REDACTED]</p>	<p>In-kind contribution description ADVERTISING EXPENSE</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS OWNER</p>		<p>Employer (FOR NON-JUDICIAL) (See Instructions) CRANE-WEST</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

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 <input type="checkbox"/> out-of-state PAC (ID#: WICHITA FALLS PROFESSIONAL FIREFIGHTERS	8 Amount of Contribution \$ 30,744.00 9 In-kind contribution description ADVERTISING EXPENSE Check if travel outside of Texas. Complete Schedule T.
	7 Contributor address: City: State: Zip Code 6923 INDIANA AVENUE PMB 292 LUBBOCK, TX 79413	

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) AFTER A WHILE By Jorge Luis Borges (revised and copyrighted by Veronica Shoffstall) After a while you learn the subtle difference between holding	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; 3005 LANSING BLVD #126 WICHITA FALLS, TX 76309	City; State; Zip Code	
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 <u>ONLY</u> 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; 2211 NORTH 1ST ST SAN JOSE, CA 95131	City; State; Zip Code	
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 <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	
	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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 725.77		\$ 14,110.18	
5 Date 11/04/2024	6 Payee name HOEGGER COMMUNICATIONS		
7 Amount (\$) 725.77	8 Payee address: 901 INDIANA AVENUE WICHITA FALLS, TX 76301	City: State: Zip Code	
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 ONLY if direct expenditure to benefit C/OH 13,384.41	Candidate / Officeholder name ACTION PRINTING	Office sought Office held	
Date 12/03/2024	Payee name ACTION PRINTING		
Amount (\$) 13,384.41	Payee address: 2407 82ND ST LUBBOCK, TX 79423	City: State: Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			