

# 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 Files)   | 2 Total pages filed: <span style="font-size: 2em; border: 1px solid black; padding: 2px 5px;">17</span> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>NICKNAME<br><b>Mrs.</b>   | FIRST<br>LAST<br><b>Nina Cobb</b>  | MI<br>SUFFIX<br><b>M</b>  |
| <b>OFFICE USE ONLY</b>   |  |  |   |
| Date Received<br><b>10/26/2020</b><br><b>Ch. Aldrich</b>                                 |  |  |   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>4978 Onion Road Killeen TX</b>  |  |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(254) 462-2599</b>  |  |   |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>NICKNAME<br><b>Same as officeholder</b>   |  | FIRST<br>LAST<br><b>officeholder</b>  |
| MI<br>SUFFIX   |  |  |   |
| Receipt # Amount \$  |  |  |   |
| Date Processed   |  |  |   |
| Date Imaged  |  |  |   |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>4978 Onion Road Killeen, Texas</b>   |  |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(254) 462-2599</b>  |  |   |
| 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)<br><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 Day Year    Month Day Year<br><b>10 / 5 / 2020</b> THROUGH <b>10 / 26 / 2020</b>   |  |   |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><b>11 / 3 / 2020</b>  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |   |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>N/A</b>   | 13 OFFICE SOUGHT (if known)<br><b>At Large City of Killeen Council Member @ Large</b>  |   |
| <b>GO TO PAGE 2</b>  |  |  |   |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Nina Cobb

15 Filer ID (Ethics Commission Filers)

16 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

N/A

SPECIFIC

COMMITTEE ADDRESS

N/A

COMMITTEE CAMPAIGN TREASURER NAME

N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

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

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

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

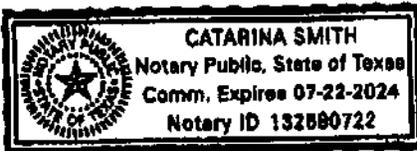
\$ 0

OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT



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

Nina Cobb 10/26/2020

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nina M Cobb, this the 26 day of October, 2020, to certify which, witness my hand and seal of office.

Catarina Smith

Signature of officer administering oath

Catarina Smith

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**SUBTOTALS - C/OH**

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

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><p style="text-align: center; font-size: 1.5em;">N. Cobb</p> |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                     |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <del>0</del>                        |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ <del>0</del>                        |
| 10.   | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

N. Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See instructions)

9 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)

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)

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)

Nothing This Period.  
N. Cobb  
10/26/2020

**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

|   |   |   |                                    |
|---|---|---|------------------------------------|
| The Instruction Guide explains how to complete this form.                   |   | 1 Total pages Schedule A2:  |                                    |
| 2 FILER NAME<br><b>N. Cobb</b>  |   | 3 Filer ID (Ethics Commission Filers)   |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |   | \$  |                                    |
| 5 Date  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of Contribution \$   | 9 In-kind contribution description |
| 7 Contributor address: City; State; Zip Code                                |   | <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$   | In-kind contribution description |
| Contributor address: City; State; Zip Code                               |   | <input type="checkbox"/> 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) |   |   |                                  |

Nothing This  
Period  
  
N. Cobb  
10/26/2020

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

|   |   |                                       |                                    |
|---|---|---------------------------------------|------------------------------------|
| The Instruction Guide explains how to complete this form.                       |   | 1 Total pages Schedule B:             |                                    |
| 2 FILER NAME<br><b>N. Cobb</b>  |   | 3 Filer ID (Ethics Commission Filers) |                                    |
| 4 TOTAL OF UNITEMIZED PLEDGES   |   | \$                                    |                                    |
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>7 Pledgor address; City; State; Zip Code | 8 Amount of Pledge \$                 | 9 In-kind contribution description |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |                                       |                                    |

|  |                                |
|--|--------------------------------|
| 10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instructions) |
|--|--------------------------------|

|   |   |                             |                                  |
|---|---|-----------------------------|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pledgor address; City; State; Zip Code | Amount of Pledge \$         | In-kind contribution description |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |                             |                                  |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions) |                                  |

|   |   |                             |                                  |
|---|---|-----------------------------|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pledgor address; City; State; Zip Code | Amount of Pledge \$         | In-kind contribution description |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |                             |                                  |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions) |                                  |

|   |   |                             |                                  |
|---|---|-----------------------------|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pledgor address; City; State; Zip Code | Amount of Pledge \$         | In-kind contribution description |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |                             |                                  |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions) |                                  |

*Nothing  
N. Cobb 10/26/2020*

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| <b>LOANS</b>  |  | <b>SCHEDULE E</b>   |
|---|--|---|
| The Instruction Guide explains how to complete this form.   |  | <b>1</b> Total pages Schedule E:  |
| <b>2</b> FILER NAME<br><div style="text-align: center; font-size: 1.2em; margin-top: 10px;">N. Cobb</div> |  | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |  | \$ <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">0</div>                                      |
| <b>5</b> Date of loan   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                | <b>8</b> Loan Amount (\$) <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">0</div>               |
| <b>6</b> Is lender a financial institution?<br><br>Y N  | <b>8</b> Lender address; City; State; Zip Code   | <b>10</b> Interest rate <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">0</div>                 |
|   |  | <b>11</b> Maturity date <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">0</div>                 |
| <b>12</b> Principal occupation / Job title (See instructions)   |  | <b>13</b> Employer (See instructions)   |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> none                                      |  | <b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions) |
| <b>16</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                            | <b>17</b> Name of guarantor<br><br>.....<br><b>18</b> Guarantor address; City; State; Zip Code | <b>19</b> Amount Guaranteed (\$)  |
| <b>20</b> Principal Occupation (See instructions)   |  | <b>21</b> Employer (See instructions)   |
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                         | Loan Amount (\$)  |
| Is lender a financial institution?<br><br>Y N   | Lender address; City; State; Zip Code  | Interest rate   |
|   |  | Maturity date   |
| Principal occupation / Job title (See instructions)   |  | Employer (See instructions)   |
| Description of Collateral<br><input type="checkbox"/> none  |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)           |
| <b>GUARANTOR INFORMATION</b><br><br><input type="checkbox"/> not applicable                               | Name of guarantor<br><br>.....<br>Guarantor address; City; State; Zip Code                     | Amount Guaranteed (\$)<br><div style="text-align: center; font-size: 1.5em; margin-top: 20px;">0</div>              |
| Principal Occupation (See instructions)   |  | Employer (See instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                 |  |
|--|-------------------------------|---------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement    | Solicitation/Fundraising Expense           |
| Accounting/Banking Expense   | Fees                          | Office Overhead/Rental Expenses | 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: | 2 FILER NAME<br><b>Nina Cobb</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|        |              |
|--------|--------------|
| 4 Date | 5 Payee name |
|--------|--------------|

|   |                  |       |        |          |
|---|------------------|-------|--------|----------|
| 8 Amount (\$)  | 7 Payee address; | City; | State; | Zip Code |
|---|------------------|-------|--------|----------|

|                          |   |                 |
|--------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)  | (b) Description |
|                          | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | Payee name |
|------|------------|

|   |                |       |        |          |
|---|----------------|-------|--------|----------|
| Amount (\$)  | Payee address; | City; | State; | Zip Code |
|---|----------------|-------|--------|----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)  | Description |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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



☎ 254.501.7433  
 📧 rblue@kdhnews.com  
 📍 PO Box 1300  
 1809 Florence Road  
 Killeen, TX 76541

Nina Cobb  
 Acct. #110079  
 Date: 09/28/20

# QUOTE

| PRODUCT            | QUANTITY | FINISHED SIZE | PAPER STOCK        | COLOR (INK)                  | TOTAL    |
|--------------------|----------|---------------|--------------------|------------------------------|----------|
| Large Format Signs | 5        | 8' x 4'       | Corrugated Plastic | 4/0 full color, single-sided | \$374.17 |
| Sign Placement     | 5        | 8' x 4'       | Corrugated Plastic | 4/0 full color, single-sided | \$54.12  |

*Notes: Behind Toyota dealership, next to Cloud Real Estate, between Texas Road House and Killeen Power Sports, corner of Phoenix Drive, and Mr. Hancock's house)*

|                                   |       |         |                    |                              |          |
|-----------------------------------|-------|---------|--------------------|------------------------------|----------|
| Postcards (printing w/mail merge) | 1,000 | 4" x 6" | 14 pt. gloss cover | 4/4 full color, double-sided | \$274.68 |
| Postcards (postage)               | 1,000 | 4" x 6" | 14 pt. gloss cover | 4/4 full color, double-sided | \$280.00 |

*Notes: Please note that this pricing is an estimate. Actual postage may be more/less than quoted.*

| PRODUCT         | DESCRIPTION   | SIZE      | RUN DATES                | TOTAL    |
|-----------------|---|-----------|--------------------------|----------|
| Internet Banner | Banner will run ROS (run of site) on kdhnews.com until it reaches 30,000 impressions. | 300 x 250 | Starts on 10/1           | \$200.00 |
| Print Ads       | Endorsement ads (Huggins and Hancock)   | 8th page  | 9/30, 10/7, 10/14, 10/21 | \$532.00 |

*Notes: Please note that this pricing is an estimate. Actual postage will be determined by USPS upon mailing.*

Terms: Taxes included in price. Delivery is a separate charge.



**Renee M. Blue**  
 Marketing Manager

| <b>UNPAID INCURRED OBLIGATIONS</b>  |   | <b>SCHEDULE F2</b>   |
|---|---|--|
| <b>EXPENDITURE CATEGORIES FOR BOX 10(a)</b>   |   |  |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expenses<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee                           | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services   | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor |
| Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |   |  |
| The Instruction Guide explains how to complete this form.   |   |  |
| 1 Total pages Schedule F2:  | 2 FILER NAME<br><span style="font-size: 1.2em;">N. Cobb</span>  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS   |   | \$ <span style="font-size: 1.2em;">1714.97</span>  |
| 5 Date<br><span style="font-size: 1.2em;">10.26.2020</span>   | 6 Payee name<br><span style="font-size: 1.2em;">KDH Media Group</span>  |  |
| 7 Amount (\$)   | 8 Payee address:<br><span style="font-size: 1.2em;">PO Box 1300<br/>Killeen, TX</span>  |  |
| 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)  | (b) Description  |
|   | <span style="font-size: 1.2em;">Advertising/Print Expense</span>  | <span style="font-size: 1.2em;">SIGNS<br/>Newspaper = 15<br/>Print</span>  |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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  | Payee name  |  |
| Amount (\$)   | Payee address:                      City;                      State;                      Zip Code   |  |
| TYPE OF EXPENDITURE   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)  | Description  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  |   |  |

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

N. Cobb

3 Filer ID (Ethics Commission filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

NO Investments Made  
10/26/2020

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: | 2 FILER NAME<br><b>Niwa Cobb</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|   |    |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

|        |              |
|--------|--------------|
| 5 Date | 6 Payee name |
|--------|--------------|

|               |  |
|---------------|--|
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code |
|---------------|--|

|                       |   |
|-----------------------|---|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|---|

|                           |   |                 |
|---------------------------|---|-----------------|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)  | (b) Description |
|                           | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 11 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 |
|-------------|--------------------------------------|

|                     |   |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)  | Description |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |

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

No credit card for campaign  
N. Cobb 10/4/2020

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidates/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 Expenses  
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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br><i>N. Cobb</i>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Payee name<br><i>None This Period, — N. Cobb 10/4/2020</i>  |  |
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City: State: Zip Code  |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)  |  |
|  | <b>(b)</b> Description   |  |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought Office held                    |
| Date   | Payee name   |  |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City: State: Zip Code   |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)   |  |
|  | Description  |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City: State: Zip Code   |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)   |  |
|  | Description  |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought Office held                    |

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### 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 H: | 2 FILER NAME<br><b>N/A</b> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|----------------------------|---------------------------------------|

|        |                 |
|--------|-----------------|
| 4 Date | 5 Business name |
|--------|-----------------|

|               |   |
|---------------|---|
| 6 Amount (\$) | 7 Business address; City; State; Zip Code |
|---------------|---|

|                          |   |                 |
|--------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)  | (b) Description |
|                          | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |

|   |   |               |             |
|---|---|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>N/A</b> | Office sought | Office held |
|---|---|---------------|-------------|

|      |                            |
|------|----------------------------|
| Date | Business name<br><b>NC</b> |
|------|----------------------------|

|             |   |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)  | Description |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |

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

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)  | Description |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule I:          | <b>2</b> FILER NAME<br><span style="font-size: 1.5em; font-family: cursive;">N. Cobb</span> | <b>3</b> Filer ID (Ethics Commission Filer)                                       |
| <b>4</b> Date                             | <b>5</b> Payee name   |   |
| <b>6</b> Amount (\$)                      | <b>7</b> Payee address;   | City                      State                      Zip Code                     |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a) Category</b> (See instructions for examples of acceptable categories.)               | <b>(b) Description</b> (See instructions regarding type of information required.) |
|   | <span style="font-size: 2em; font-family: cursive;">N/A</span>                              |   |
| <b>Date</b>                               | <b>Payee name</b>   |   |
| <b>Amount (\$)</b>                        | <b>Payee address;</b>   | <b>City                      State                      Zip Code</b>              |
| <b>PURPOSE OF EXPENDITURE</b>             | <b>Category</b> (See instructions for examples of acceptable categories.)                   | <b>Description</b> (See instructions regarding type of information required.)     |
|   | <span style="font-size: 2em; font-family: cursive;">N/A</span>                              |   |
| <b>Date</b>                               | <b>Payee name</b>   |   |
| <b>Amount (\$)</b>                        | <b>Payee address;</b>   | <b>City                      State                      Zip Code</b>              |
| <b>PURPOSE OF EXPENDITURE</b>             | <b>Category</b> (See instructions for examples of acceptable categories.)                   | <b>Description</b> (See instructions regarding type of information required.)     |
|   | <span style="font-size: 2em; font-family: cursive;">N/A</span>                              |   |
| <b>Date</b>                               | <b>Payee name</b>   |   |
| <b>Amount (\$)</b>                        | <b>Payee address;</b>   | <b>City                      State                      Zip Code</b>              |
| <b>PURPOSE OF EXPENDITURE</b>             | <b>Category</b> (See instructions for examples of acceptable categories.)                   | <b>Description</b> (See instructions regarding type of information required.)     |
|   | <span style="font-size: 2em; font-family: cursive;">N/A</span>                              |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

N. Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

~~0~~

7 Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

~~0~~

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

~~0~~

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

~~0~~

Purpose for which amount is received  Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

|   |  |                                      |
|---|--|--------------------------------------|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule T:            |
| 2 FILER NAME<br><i>N. Cobb</i>  |  | 3 Filer ID (Ethics Commission Filer) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                      |
| 5 Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS |  |                                      |
| 6 Dates of travel   | 7 Name of person(s) traveling  |                                      |
|   | 8 Departure city or name of departure location                               |                                      |
|   | 9 Destination city or name of destination location<br><i>N/A</i>             |                                      |
| 10 Means of transportation  | 11 Purpose of travel (including name of conference, seminar, or other event) |                                      |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                      |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS   |  |                                      |
| Dates of travel   | Name of person(s) traveling  |                                      |
|   | Departure city or name of departure location                                 |                                      |
|   | Destination city or name of destination location                             |                                      |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                                      |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                      |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS   |  |                                      |
| Dates of travel   | Name of person(s) traveling  |                                      |
|   | Departure city or name of departure location                                 |                                      |
|   | Destination city or name of destination location                             |                                      |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                                      |

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