#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00063381 3 COMMITTEE NAME **OFFICE USE ONLY** Cobb Fendley PAC Date Received **ELECTRONICALLY FILED** 11/04/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 4424 W. Sam Houston Parkway North Suite 600 Houston, TX 77041 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Monica F. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Silver CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4424 W. Sam Houston Parkway North STREET **ADDRESS** Suite 600 (Residence or Business) Houston, TX 77041 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 4424 W. Sam Houston Parkway North MAILING **ADDRESS** Suite 600 Houston, TX 77041 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (713) 462-3242 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2025 10/25/2025

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME		1	3 Filer ID	(Ethics Commission Filers)
Cobb Fendley PAC			00063381	<u> </u>
4 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported		
	applicable, olassily by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2 Moneyros	A. Supported		
	Measures     (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	Officeholders     Assisted	Commissioner Darrell Apffel Ga	alveston Co	unty Commissioner, Pct 1
	(Identify by name or, if applicable, classify by party.)	Campaign Contribution		
5 CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY)	\$	0.00
		qualifies for the higher itemization threshold		
	2. TOTAL POLITICA	.L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE	· <del>-   ` `                               </del>	D POLITICAL EXPENDITURES		
TOTALS	3. TOTAL ONTENIZED	OF OLITICAL EXITENSITIONES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	16,025.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST D G PERIOD	DAY \$	38,315.91
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
.6 AFFIDAVIT	l			
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	jury, that the nation require	accompanying report is ed to be reported by me
		<b>M</b>	<b>-</b> 0'l	
		Monica I		
		Signature of Can	ipaign Treas	urer
AFFIX NOTAR	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, thi	is the	day
of	, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer	auministering oath	Printed name of officer administering oath	little of off	icer administering oath

## FORM MPAC **ADDENDUM**

				T
2 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Cobb Fendley PAC				00063381
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Dwight Boykins Candidate f Position 4 - Campaign Contributi	for City of Houston Council, At-Large, tion
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)	)	Judge Mark Henry Galveston C	County Judge - Campaign Contribution
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)		Commissioner Kenneth Tice Ch Campaign Contribution	hambers County Commissioner, Pct 2 -

## FORM MPAC **ADDENDUM**

					Page 4 of 12
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Cobb Fendley PAC				00063381	
14 COMMITTEE ACTIVITY  (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)				
paper to complete this report if necessary.)		B. Opposed			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
	,	B. Opposed			
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)		Rep. Trent Ashby State Represe	entative	
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Ramon Romero State Rep	resentative	
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Carol Alvarado State Sena	tor	

## FORM MPAC **ADDENDUM**

		Fay	e 5 01 12
-	(Ethics	Commiss	sion Filers
3381			
uston Co	 Counc	il Mem	ber, At-
nty Com	mmiss	sioner,	Pct 3 -
	_		
l County	ty Cor	mmissi	oner, Po
	d Coun	d County Co	d County Commission

# FORM MPAC

					ADDENDUM
					Page 6 of 12
12 COMMITTEE NAME				13 Filer ID (Ethi	cs Commission Filers)
Cobb Fendley PAC				00063381	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Commissioner Dexter McCoy For Campaign Contribution	ort Bend County Cor	nmissioner, Pct 4 -
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)		Commissioner Justin Beckendor Campaign Contribution	ff Waller County Co	mmissioner, Pct 4 -

## **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

			7 of 12
17 COMMITTE Cobb Fen		<b>18</b> Filer ID 00063381	(Ethics Commission Filers)
19 SCHEDULI NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 16,025.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/5 Rpt: 8/12 Cobb Fendley PAC 00063381 4 Date Payee name 10/02/2025 Carol Alvarado Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 P.O. Box 230842 Expenditure from Houston, TX 77223 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Texas State Senator, District 6 - Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/30/2025 Darrell Apffel Campaign Amount (\$) Payee address; City; State; Zip Code \$1,500.00 P.O. Box 591015 Expenditure from Houston, TX 77259 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Galveston County Commissioner, Pct 1 - Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/13/2025 Dexter McCoy Campaign Amount (\$) Payee address: City: State; Zip Code \$500.00 P.O. Box 1398 Expenditure from Richmond, TX 77406-1398 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Fort Bend County Commissioner, Pct 4 - Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment		
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 2/5 Rpt: 9/12	Cobb Fendley PAC 00063381	
4 Date	5 Payee name	
09/30/2025	Dwight Boykins Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	P.O. Box 300961	
Expenditure from corporate funds	Houston, TX 77230-0961	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Contributions/Donations Made By	
LXI LINDITORE	Candidate/Officeholder/Political Committee	
	Candidate for City of Houston Council, At-Large, Position 4 - Campaign Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
·		_
Date	Payee name	
10/06/2025	Julian Ramirez Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	P.O. Box 41964	
Expenditure from		
corporate funds	Houston, TX 77241	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Davies same	_
10/13/2025	Payee name Justin Beckendorff Campaign	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code  3506 Pitts Road	
\$1,250.00	3500 Pills Rodu	
Expenditure from		
corporate funds	Katy, TX 77493	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Waller County Commissioner, Pct 4 - Campaign	
	Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/5 Rpt: 10/12 Cobb Fendley PAC 00063381 4 Date Payee name 10/13/2025 Kendric Jones Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$3,000.00 17814 Scarlet Forest Drive Expenditure from Tomball, TX 77377 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Waller County Commissioner, Pct 3 - Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/30/2025 Kenneth Mark Tice Campaign Amount (\$) Payee address; City; State; Zip Code \$500.00 6111 Cajun Way Expenditure from Baytown, TX 77523 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Chambers County Commissioner, Pct 2 - Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/02/2025 Political Action Committee for Engineers Amount (\$) Payee address: City: State: Zip Code \$2,500.00 8140 N. Mopac Expy., 1-220 Expenditure from corporate funds Austin, TX 78759 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 11/12	Cobb Fendley PAC 00063381
4 Date	5 Payee name
10/02/2025	Ramon Romero Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 181
Expenditure from corporate funds	Fort Worth, TX 76101-0181
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	State Representative, District 90 - Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/30/2025	Re-elect Judge Mark Henry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	12900 FM 3436 Rd.
Expenditure from corporate funds	Dickinson, TX 77539
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Galveston County Judge - Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/02/2025	Texans for Trent Ashby
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 412
Expenditure from corporate funds	Lufkin, TX 75902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	State Representative, District 9 - Campaign Contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>y</b>

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations made by Candidate/Officeholder/Politica Credit Card Payment	Committee Legal S	/ards/Memorials Expense Services <b>nstruction Guide exp</b> l		Vages/Contract Labor	OTHER (enter	istrict a category not listed above)
1 Total pages Schedule F1:	2 FILED NAME	•		•	2 Filor ID	(Ethics Commission Filers)
					3 Filer ID	(Ethics Commission Filers)
Sch: 5/5 Rpt: 12/12	Cobb Fendley P	AC			00063381	
4 Date	5 Payee name					
10/13/2025	Vincent Morales	Campaign				
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Co	ode		
\$1,775.00	P.O. Box 1174					
Expenditure from	Rosenberg, TX 7	77/71 117/				
corporate funds	Ruseliberg, IA I	1411-1114				
8 PURPOSE	(a) Category (See Cate	gories listed at the top of th	nis schedule)	(b) Description		
OF EXPENDITURE		nations Made By		Check if trave	el outside of Texas. Cor	mplete Schedule T.
EXPENDITORE	Candidate/Office	holder/Political Co	ommittee	Check if Austi	in, TX, officeholder livir	ig expense
						sioner, Pct 1 - Campaign
				Contribution	l	
9 Complete ONLY if direct	Candidate/Officehol	dor namo	Office sou	aht	Office h	add
expenditure to benefit C/OI		uei name	Office Sou	gnt	Office i	leiu