

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

\$ 2850.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 6991.64

CONTRIBUTION BALANCE

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

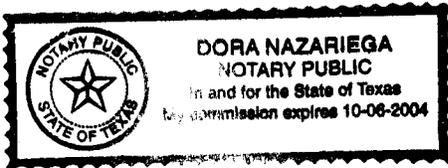
\$ 39831.56

OUTSTANDING LOAN TOTALS

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

\$ 0

19 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.

Anthony Cobos

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anthony Cobos, this the 15th day of July, 2004, to certify which, witness my hand and seal of office.

Dora Nazariega
Signature of officer administering oath

Dora Nazariega
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/23/04	5 Full name of contributor RICHARD AGUILAR <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 1000. ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8201 Lockheed St 235 El Paso TX 79925			
9 Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions)	
Date 1/21/04	Full name of contributor El Paso Police Officers Association <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1000. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 747 E. SAN ANTONIO St 103 El Paso, TX 79901			
Principal occupation / Job title (See Instructions) PAL		Employer (See Instructions)	
Date 2/25/04	Full name of contributor CARLOS AGUILAR <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3430 DOUGLAS AVE El Paso, TX 79903			
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)	
Date 5/1/04	Full name of contributor RICHARD TESCHNER <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 208 MONTEBELLO El Paso, TX 79912			
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)	
Date 6/11/04	Full name of contributor RUBEN GARCIA <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11901 PASEO BONITO El Paso, TX 79936			
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

ANTHONY W. COBOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/26/04

5 Payee name

NALEO

7 Amount (\$)

100.⁰⁰

6 Payee address; City; State; Zip Code

1122 W. WASHINGTON BLVD
LOS ANGELES, CA 90015

8 Purpose of payment (See instructions regarding type of information required.)

MEMBERSHIP

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4/16/04

Payee name

LUIS SARIÑANA CAMPAIGN

Amount (\$)

500.⁰⁰

Payee address; City; State; Zip Code

516 Maver Rd.
EL PASO, TX 79915

Purpose of payment (See instructions regarding type of information required.)

CONTRIBUTION

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4/14/04

Payee name

ALLTEL

Amount (\$)

190.⁹⁴

Payee address; City; State; Zip Code

ONE ALLIED DR.
LITTLE ROCK, AR 72202

Purpose of payment (See instructions regarding type of information required.)

COMMUNICATION SERVICES

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/13/04

Payee name

ALLTEL

Amount (\$)

232.⁸²

Payee address; City; State; Zip Code

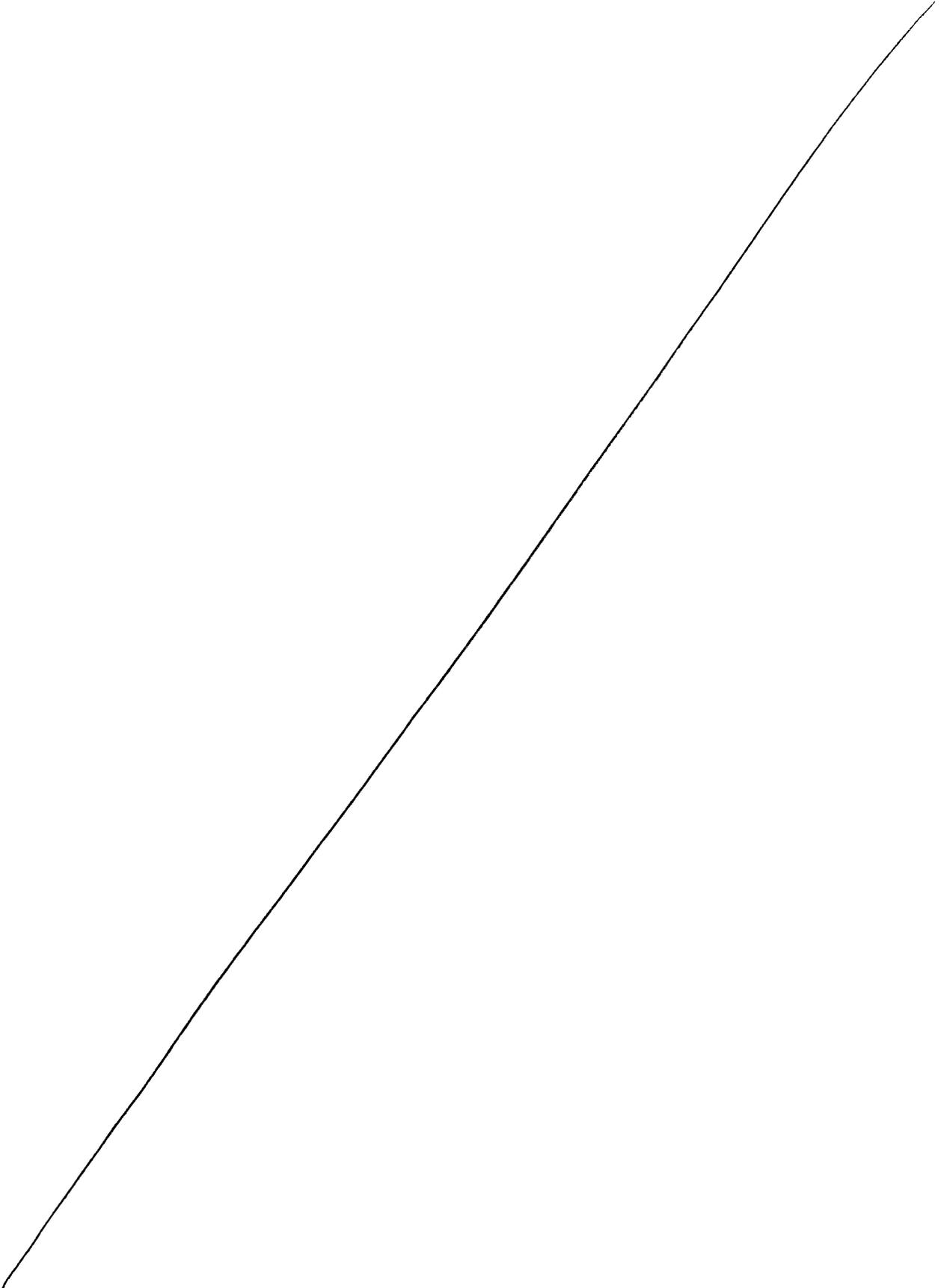
ONE ALLIED DR.
LITTLE ROCK, AR 72202

Purpose of payment (See instructions regarding type of information required.)

COMMUNICATION SERVICES

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

ANTHONY W. COBOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/23/04

UNITED BLOOD SERVICES

6 Payee address; City; State; Zip Code

2325 PERSHING
EI PASO, TX 79903

1000.⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

DONATION

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/26/04

ROSENBLUM GALLERY

Payee address; City; State; Zip Code

224 W. OVERLAND
EI PASO TX 79902

300.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

HOLIDAY CARD PHOTOGRAPHY

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2/27/04

SPORTS TOUR USA

Payee address; City; State; Zip Code

531 JAMES JACKSON
CARY, NC 27513

100.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

DONATION

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/7/04

THOMSON WEST

Payee address; City; State; Zip Code

1168.²⁰

Purpose of payment (See instructions regarding type of information required.)

LAW BOOKS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

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

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME **ANTHONY W. COBOS** 3 ACCOUNT # (Ethics Commission filers)

4 Date 1/26/04	5 Payee name MIGUEL TERAN CAMPAIGN	7 Amount (\$) 100.⁰⁰
6 Payee address; City; State; Zip Code EI PASO, TX 79902		

8 Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/28/04	Payee name RICK PORRAS CAMPAIGN	Amount (\$) 2000.⁰⁰
Payee address; City; State; Zip Code EI PASO, TX 79902		

Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/8/04	Payee name RICK PORRAS CAMPAIGN	Amount (\$) 100.⁰⁰
Payee address; City; State; Zip Code EI PASO, TX 79902		

Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/10/04	Payee name BARBARA PEREZ CAMPAIGN	Amount (\$) 1000.⁰⁰
Payee address; City; State; Zip Code EI PASO, TX 79935		

Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code		
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

ANTHONY W. COBOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/11/04

5 Payee name

ALLTEL

6 Payee address; City; State; Zip Code

ONE ALLIED DR.
LITTLE ROCK, AR 72202

7 Amount (\$)

199.68

8 Purpose of payment (See instructions regarding type of information required.)

COMMUNICATION SERVICES

9 ** Complete 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 payment (See instructions regarding type of information required.)

** Complete 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 payment (See instructions regarding type of information required.)

** Complete 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 payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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