

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: **8**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Kristin Cobb

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7942 Wooded Way Dr Spring, TX 77389

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 914 2085

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Kristin Cobb

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

7942 Wooded Way Dr. Spring TX 77389

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 914 2085

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

10 / 4 / 21 THROUGH 10 / 25 / 21

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 02 / 21

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Klein ISD Trustee Position 5

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Kristin J. 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

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

\$ 764⁰⁰

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1277⁶³

CONTRIBUTION
BALANCE

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

\$ 317³¹

OUTSTANDING
LOAN TOTALS

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

\$ 1134⁶⁴

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.

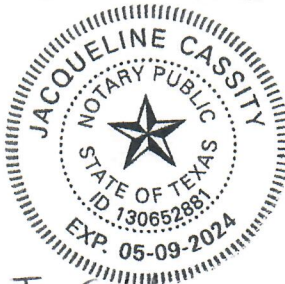
Kristin Cobb

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Sworn to and subscribed before me by Kristin J. Cobb this the 10 day of November, 2021, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Jacqueline Cassity
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____,
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Kristin J. 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	\$ 764 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1277 ⁶³
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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

Kristin Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/21

5 Full name of contributor

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

Bernadette McLeroy

7 Amount of contribution (\$)

74

6 Contributor address;

City;

State;

Zip Code

533 Natchez Park Conroe, TX 77302

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

10/14/21

Full name of contributor

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

Denise Gardner

Amount of contribution (\$)

50

Contributor address;

City;

State;

Zip Code

4247 Pine Ln. Spring, TX 77389

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/14/21

Full name of contributor

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

Priscilla Lashley

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

15902 Brampton Ct Spring, TX 77379

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Self

Date

10/19/21

Full name of contributor

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

Michael Mills

Amount of contribution (\$)

20

Contributor address;

City;

State;

Zip Code

17707 Telegraph Crk Spring, TX 77379

Principal occupation / Job title (See Instructions)

Retired

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

Kristin J Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

10/10/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jennifer Sampson

7 Amount of contribution (\$)

50

6 Contributor address;

City;

State;

Zip Code

6807 Russett Springs Ln TX 77389

8 Principal occupation / Job title (See Instructions)

Mom

9 Employer (See Instructions)

Date

10/13/21

Full name of contributor

☐ out-of-state PAC (ID#:

Cheryl Greene

Amount of contribution (\$)

25

Contributor address;

City;

State;

Zip Code

2110 Trailing Vine Rd Spring TX 77373

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

Date

10/13/21

Full name of contributor

☐ out-of-state PAC (ID#:

Steven Henze

Amount of contribution (\$)

150

Contributor address;

City;

State;

Zip Code

1338 Cheshurst Way Spring, Tx 77379

Principal occupation / Job title (See Instructions)

Pastor

Employer (See Instructions)

St. Timmothy Lutheran Church

Date

10/13/21

Full name of contributor

☐ out-of-state PAC (ID#:

Geatano Giorclano

Amount of contribution (\$)

20

Contributor address;

City;

State;

Zip Code

17206 Camberwell Green Ln Houston TX 77070

Principal occupation / Job title (See Instructions)

Retired

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

Kristin J. Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Heidi Thomas

7 Amount of contribution (\$)

25

6 Contributor address;

City;

State;

Zip Code

17314 Nevelson Cir Spring, Tx 77379

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

10/14/21

Full name of contributor

☐ out-of-state PAC (ID#:

Michael Bigini

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

12030 Forest Estates Dr Houston TX 77066

Principal occupation / Job title (See Instructions)

Project Controller

Employer (See Instructions)

Exxon Mobil

Date

10/14/21

Full name of contributor

☐ out-of-state PAC (ID#:

Nancy Goan

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

16618 Lafone Dr. Spring, Tx 77379

Principal occupation / Job title (See Instructions)

Retired

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.

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: 2		2 FILER NAME Kristin J Cobb		3 Filer ID (Ethics Commission Filers)	
4 Date 10/15/21		5 Payee name UPS Store			
6 Amount (\$) 189.44		7 Payee address; City; State; Zip Code 26400 Kuykendahl Rd 180 Tomball TX 77375			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description push card printing		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held Kristin Cobb Klein ISD Trustee Position 5			
Date 10/12/21		Payee name Wix.com			
Amount (\$) 3.23		Payee address; City; State; Zip Code 500 Terry A. Francois Blvd San Francisco CA 94158			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising Expense (image)		Description image purchase for website.		
	<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 Kristin Cobb Klein ISD Position 5			
Date 10/24/21		Payee name Pay Pal			
Amount (\$) 16.90		Payee address; City; State; Zip Code 211 N. 1st St. San Jose CA 95131			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Donation fees		
	<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 Kristin J. Cobb KLEIN ISD TRUSTEE P.5			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Kristin Cobb		3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/21		5 Payee name Robo Cent			
6 Amount (\$) 114.04		7 Payee address; City; State; Zip Code 2129 General Booth Blvd Virginia Beach VA 23454			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Calls		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Kristin Cobb Office sought Klein ISD Trustee P 5 Office held				
Date 10/22/21		Payee name Sprint 2 Print			
Amount (\$) 879.53		Payee address; City; State; Zip Code 8748 Clay Rd # 300 Houston TX 77080			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Singage		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Kristin Cobb Office sought Klein ISD Trustee Position 5 Office held				
Date 10/7/21		Payee name Mail Chimp			
Amount (\$) 56.49		Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta GA 30308			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description email ads.		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Kristin Cobb Office sought Klein ISD Position 5 Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED