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: CANDIDATE / MS / MRS / MR **OFFICEHOLDER** MI NAME KRISTIN OFFICE USE ONLY J. NICKNAME Date Received SUFFIX COBB 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; **OFFICEHOLDER** STATE; ZIP CODE 7942 WOODED WAY DR SPRING MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **OFFICEHOLDER** EXTENSION (281)Date Hand-delivered or Date Postmarked 914 -2085 PHONE CAMPAIGN MS / MRS / MR Receipt # TREASURER Amount \$ MI MRS. NAME KRISTIN J. Date Processed NICKNAME SUFFIX Date Imaged COBB STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN TREASURER 7942 WOODED WAY Dr. STATE; ZIP CODE SPRING ADDRESS TX 77389 esidence or Business) CAMPAIGN AREA CODE PHONE NUMBER TREASURER **EXTENSION** PHONE (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 Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year COVERED Month THROUGH 2021 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Day Runoff Other Description General LSD 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) KLEIN ISD 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

17 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS OF GUARANTEES OF LOONTRIBUTIONS MADE ELECTRONICALLY	OANS, OR \$ 4495
TOTALS PLEDGES, LOANS, OR GUARANTEES OF L	OANS, OR \$ 4495
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAR	RANTEES OF LOANS) \$ 4495
EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	JRE. \$ 479870
4. TOTAL POLITICAL EXPENDITURES	\$ 479270
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTA OF REPORTING PERIOD	NINED AS OF THE LAST DAY \$ 830 94
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAL LAST DAY OF THE REPORTING PERIOD	ANDING LOANS AS OF THE \$ 112U 64
	Signature of Candidate or Officeholder
Please complete either	option below:
Please complete either 1) Affidavit NOTARY STAMP/SEAL	NA COBLIC SALAN
Sworn to and subscribed before me by Kristin Color 19-20	this the 4th day of October
to certify which, witness my hand and seal of office.	day of
ignature of officer administering oath Printed name of officer administering	Cassity Notan Public Title of officer administering oath
OR	nue of officer administering batti
2) Unsworn Declaration	
v name is	
y name is, and y address is,	my date of birth is
(street)	(city)
xecuted in, on the, on the	(city) (state) (zip code) (country) day of, 20 (month) (year)
	Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	R NAME	20 Filer ID (Ethics Co	ommission Filers)
21 SCH NAM	EDULE SUBTOTALS E OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 4495
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO	NS	s Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		s Ø
4.	SCHEDULE E: LOANS		\$ 1124.6
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	s 4798
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS	s Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ (%)
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$ 334.64
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS 1	TO A BUSINESS OF C/OH	s Ø
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL		\$ 7
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRI TO FILER	BUTIONS RETURNED	\$ (%

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Th	e Instruction Guido explains h			
2 FILER NAME	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:	
Krist	in Cobb		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7 Amount of	
8 28 21	6 Contributor address; City:		7 Amount of contribution (\$)	
		State; Zip Code	# 100	
8 Principal occi	2801 Saltwood Ct Celina pation / Job title (See Instructions)	1, Tx 75009		
Manage		9 Employer (See Instruct	ions)	
THOMPORE	r, cloud Hardware Ops	IBM		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount	
8/28/21	James Buntrock		Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code	\$ 100	
	17518 Hawkin Ln. Ton	16all Tx 77372	\$ 100	
Principal occup	ration / Job title (See Instructions)	Employer (See Instruction		
Assoc. t	astor	Glorious Way		
Date	Full name of contributor out-of-state PAC	J	Critical Cri	
8/29/2021	Ashley Rubli)	Amount of contribution (\$)	
	Contributor address:	State; Zip Code	\$100	
	25218 Flemming Meador	w Spring TX	qr 100	
Employer (Co. 1				
Manage	V	Deloitte	ons)	
Date	Full name of contributor			
8 31 2021	Shelly Dezerallos	(ID#:)	Amount of contribution (\$)	
010.12.01	Combaile 4 4	State: 7'- 0	# 15h	
	18000 Groschke Rd Houston	State; Zip Code	\$ 150	
Principal cosus		,		
A	ation / Job title (See Instructions)	Employer (See Instructio	ns)	
1/ 1/0	ition Management	W. Houcton A	irport	
	1			
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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	ne Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1:	
2 FILER NAM			2 5000 12 (500)	
4 Date	ristin Cobb		3 Filer ID (Ethics Commission Filers)	
	5 Full name of contributor out-of-state P.	AC (ID#:	7 Amount of	
8/31/21	James Tolles		7 Amount of contribution (\$)	
	6 Contributor address; City;	State; Zip Code	\$ 200	
	777 Preston St # 14 t		3 200	
8 Principal occ		1005 TON 1X 17002		
Ketirea	1	9 Employer (See Instruct	ions)	
Date	Full name of contributor			
	Juli-State PA	C (ID#:)	Amount of contribution (\$)	
9/3/21	Christina Espenscheid		(4)	
110/21	Contributor address; City;	State; Zip Code	\$10	
	324 3rd Ave #1 Quant	rico VA 22134	V. ()	
Principal occupation / Job title (See Instructions)				
Unector o	f Grassroots Coalitions	Leadership Ins	titute	
Date	Full nearest and			
9/6/21	Tat of State FAC) (IU#:)	Amount of contribution (\$)	
•	Priscella Gorman Contributor address; City		å 2 mm	
	3610 Lawrel (tollow Dr. Spring	State; Zip Code	\$ 200	
		19. 1 1900		
	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
Busin	ness owner	self.		
Date	Full name of contributor out-of-state PAC	(ID#-		
9/9/21	Priscilla Lashley) (10#)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code	\$ 50	
	15902 Brampton Ct Sp		41 00	
Principal assure				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Self employer and				
COVISIC(1	W11	self emplou	ced	

SCHEDULE A1

	4			
The 2 FILER NAME	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
Z FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Out-of-state PAC (ID#:) COVOLOR Men de 2	7 Amount of contribution (\$)		
191/2021	Caroline Mendez 6 contributor address; City; State; Zip Code 3899 Noblin Creek Dr. Dwuth, GA 30097	\$ 100		
8 Principal occi	Ination / Joh title (O.)			
Director	of Womens Forums 9 Employer (See Instructions) Pinnacle F			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
4/15/21	Alex Handley Contributor address; City; State; Zip Code 21820 Yupon Cir Tomball TX 77377	\$ (00		
Principal occup	pation / Job title (See Instructions)			
Re	Patient See Instructions) Employer (See Instructions) RE/MAX	ons)		
9/15/21	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
	Contributor address; City; State; Zip Code	\$ 10		
	6618 Craigway (Spring TX 17389)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor Theresa Mitzel	Amount of contribution (\$)		
9/15/21	Contributor address; City; State; Zip Code	\$ 100		
D: 1	7807 Wooded Way Dr Spring TX 77389			
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)		
L.				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re	EDED porting requirements.		

SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	Ē			
			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state P	PAC (ID#:)	7 Amount of contribution (\$)	
9/9/21	Drake Cameron		· · · · · · · · · · · · · · · · · · ·	
•	6 Contributes and	State; Zip Code	\$ 50	
	1939 Fawnview Dr Hou	stan TV 77070	41 50	
8 Principal occu	The (See Instructions)	9 Employer (See Instruc	tions)	
Kethr	20	, , , , , , , , , , , , , , , , , , , ,	,	
Date	Full name of contributor out-of-state PA	AC (ID#:		
0/12/21	Michale Linns)	Amount of contribution (\$)	
1/10/01	Contributor address; City;	State: Zin Code	MILLA	
	25202 Hideaway Run	Sound TX	\$ 100	
Principal occup	pation / Job title (See Instructions)			
Teac	her	Employer (See Instructi	ions)	
Date	Full name of contributor	Conroe		
		C (ID#:)	Amount of contribution (\$)	
9/12/21	Michael Shawiak Contributor address; City:			
	0.13,	State, Zip Code	250	
Deinester	2238 S. Piney Point Houston	1X 77063		
Man occup	ation / Job title (See Instructions)	Employer (See Instruction		
uuur	t executive	Iraucters Com	panies	
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)	
9/13/21	Donald Summers		Amount of contribution (\$)	
1/13/21	Contributor address.	State; Zip Code	100	
	8222 Pine Thistle Ln. Sp	pnna Tx 77379	(00	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction		
Retired		pisyor (occ mandelic	ons)	
	ATTACH ADDITIONAL CODIES	OF THIS COLUMN IS A SAME		

SCHEDULE A1

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	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date 9/13/21	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
8 Principal occur Retire	pation / Job title (See Instructions) 9 Employer (See Instru	ictions)		
Date 9/3/21	Full name of contributor Ryan Fries Contributor address; City: State: 7in October	Amount of contribution (\$)		
Principal accura	7731 Whidbey Isl. Dr Houston Tx 77086	50		
Business	Self Employer (See Instructions) Self	ctions)		
9/21/21	Full name of contributor out-of-state PAC (ID#:) Kathy Streus and	Amount of contribution (\$)		
	Contributor address: City: State: Zip Code 1011 Ayusta Pines Cove Spring. TX 77389	300		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date (A)	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
9/21/21	Contributo) address; City; State; Zip Code	100		
Retired	ion / Job title (See Instructions) Employer (See Instruc	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

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TI	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM		10
		3 Filer ID (Ethics Commission Filers)
9/21/21	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	6 Contributor add	
	State: Zip Code	
8 Principal occ	9907 Goldeneagle Dr Houston, Tx 7	70 6
	9 Employer (See II	nstructions)
CONSU	- Petrolium	n Measurement
Date	Full name of contributor out-of-state PAC (ID#	
9/21/21	George Brian Vachris	Amount of contribution (\$)
., (Contributer address; City; State; Zip Code	200
	7118 Timber Edge Ln. Humble TX 773 pation / Job title (See Instructions)	200
Principal occu	pation / Job title (See Instructions) Employer (See In	71 6
leach	Employer (See In	structions)
Date		
1	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
9/21/21	Alexie Swirsky	
1	Contributor address; City; State; Zip Code	200
D:	12315 Ann Ln Houston, Tx 17064	200
Principal occup	Sation / Job title (See Instructions)	structions)
UCCI	upational Therapist	
Date	Full name of contributor out-of-state PAC (ID#:	
2122 /21) Amount of contribution (\$)
1120 21	Contributor address; City; State: Zip Code	
	State, Zip Code	(60
Deinging	3210 E. Park at Beverly Hills, Houston, TX	51
	pation / Job title (See Instructions) Employer (See Inst	structions)
Senior	Judge H.C.	
	V	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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Th	ne Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		
9/22/21	6 Contributor address; City;	.C (ID#:)	7 Amount of contribution (\$)
1100101	6 Contributor address; City;	State; Zip Code	150
9 5: : :	25107 Carrick Bend Dr. supation / Job title (See Instructions)	Spring ITX 7730	9
8 Principal occ	(=== 111011 40110113)	0	tions)
<u>le Chinal</u>	ogy Manager Chemical Co.	Huntsman	
Date	Full name of contributor out-of-state PAC	C (ID#:)	_
9/22/21	Gail Stanart	,	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	100
Dringing	1346 Champions Colony III It	ouston TX 77069	100
h dana d	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ent Beauty Consultant	Mary Kay	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of a second
9/24/21	Melinda morris		Amount of contribution (\$)
, ,,	Contributor address; City;	State; Zip Code	100
	8010 Braesview Ln. Houston	TX 77071	
Retire	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Rellie	. (A		
Date	Full name of contributor out-of-state PAC	/ID#	
9/24/21	Michael Rodriquez	(ID#)	Amount of contribution (\$)
11291121	Contributor address:	State: Zin Code	100
	3845 Cypress Creek Plany	70	100
Principal occup	pation / Job title (See Instructions)	11014 Employer (See Let 1)	
Business		Employer (See Instruction	ns)
		à	

SCHEDULE A1

Provided this page in the report.					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME		The second secon	3 Filer ID (Ethics Commission Filers)		
4 Date	E 5.00		,		
9/24/21	5 Full name of contributor out-of-state PAI	C (ID#:)	7 Amount of contribution (\$)		
1101/21		State; Zip Code	20		
			20		
8 Principal occi	8214 Knurled Oak In. Appation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Mom					
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of a set in the		
9/27/21	May Ann Jackson Contributor address; City;		Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code	40		
	11611 Brecken Ct. Cypres	s Tx 77429	V		
Principal occup Retir	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
a					
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
9/27/21	Contributor address; City;		2-		
	all taids and De Co	State; Zip Code	25		
Principal occup	915 Taids wood Dr Springton / Job title (See Instructions)	na, 1x 1 1319			
Busine	ss owner	Jemployer (See Instructi	ons)		
Date	Full name of contributor				
9/28/21	Deborah Fite	(ID#:)	Amount of contribution (\$)		
17-07-5	Contributor address; City;	State; Zip Code	150		
	10222 Del Monte Dr. Hou	ston Tx 77042			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		Charles Charles			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					
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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:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
9/28/21 Walter Hall 6 Contributor address; City: State 7:00				
State, ZIp Code	50			
8 Principal occupation / Job title (See Instructions)				
Retired 9 Employer (See Instructions)	tions)			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
9/30/21 William Wilson Contributor address; City; State; Zip Code	(a)			
Contributor address; City; State; Zip Code	100			
Principal occupation / Job title (See Instructions)	33			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)			
Date Full name of contributor out-of-state PAC (ID#:)				
9/30/21 Joseph Rothbauer	Amount of contribution (\$)			
City; State; Zip Code	500			
15922 Stornoway Dr. Spring Ty773	19			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Cented				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
10/3/21 Idalia Harvey				
Contributor address; City; State; Zip Code 553 (Obble In . Spring TX 77379)	40			
Principal accumetion / let title (2)				
Busines Occupation 7 Job title (See Instructions) Employer (See Instructions) Self	ons)			
OCH				

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor				
out-of-state PAC (ID#:	Amount of contribution (\$)			
10/4/21 Merrilee Beazley 6 Contributor address; City; State; Zip Code	ira			
6 Contributor address; City: State; Zip Code	150			
14910 Lakeview Dr. Jersey Villiage 77040 8 Principal occupation / Joh title (See Instruction)				
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	s)			
1-214-0				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
10/4/21 Elizabeth Moore	υ σοιπισατίστη (ψ)			
Contributor address; City; State; Zip Code	100			
7903 Mala De Sonia TV 77270	100			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Teacher Cross par	5)			
Date	ALCOHOL STATE OF THE STATE OF T			
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
Contributor address; City: State: Zin Code				
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 (\$)			
	(b)			
Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Employer (See Instructions)				
ATTACH ADDITIONAL CODIES OF THE				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

LOANS

SCHEDULE E

	Instruction Guide explains how to com	plete this form.	11	1 Total pages Schedule E:
2 FILER NAME				
Kristi	n Cobb			3 Filer ID (Ethics Commission File
TOTAL OF U	NITEMIZED LOANS			\$ 113464
Slagla.	7 Name of lender out-of-state	e PAC (ID#:)	9 Loan Amount (\$)
0/12/17/	Kristin Cobb			500
Is lender a financial Institution?	8 Lender address; City;		ip Code	10 Interest rate
YXN	7942 Wooded Way Or	Spring TX 7	7389	11 Maturity date
2 Principal occupati	on / Job title (See Instructions)	13 Employer (See Ins		N/A
Business	Owner	Self	structions)	
Description of Col	ateral	15		
none		Check if pe	ersonal funds See Instruction	were deposited into political
GUARANTOR INFORMATION	17 Name of guarantor Kristin Colob Fur	Klein	1	9 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;		Code	500
	7942 Wooded Way	Dr Spring	TK 7738	9
	7942 Wooded Way on (See Instructions)		TK 7738	9
Principal Occupat	7942 Wooded Way on (See Instructions) S Duner	Dr Spring 21 Employer (See Inst Self	TK 7738	
Principal Occupat	7942 Wooded Way on (See Instructions) S Owner	Dr Spring 21 Employer (See Inst Self	TK 7738	500 9 Loan Amount (\$) \$334 64
Principal Occupat BUSINES Date of loan LIS 202 Is lender a financial	7942 Wooded Way on (See Instructions) S DUNC Name of lender	Dr Spring 21 Employer (See Inst Self PAC (ID#:	TK 7738	
Principal Occupat BWINES Date of loan 15 202 Is lender a financial Institution?	7942 Wooded Way on (See Instructions) S DWNEV Name of lender	21 Employer (See Inst SCLF PAC (ID#:	TK 77384	Loan Amount (\$) \$334 64 Interest rate
Principal Occupat BUSINES Date of loan 15 202 Is lender a financial Institution? Y N	7942 Wooded Way on (See Instructions) S Duner Name of lender out-of-state Kristin Cobb Lender address; City; 7942 Wooded Way Dr.	21 Employer (See Inst SCLF PAC (ID#:	TK 77384	Loan Amount (\$) \$334.64
Principal Occupate BUSINES Date of loan Is lender a financial Institution? Y N Principal occupation	7942 Wooded Way on (See Instructions) S DWNEV Name of lender	21 Employer (See Inst Self PAC (ID#: State; Zip Spring TX Employer (See Inst	TK 77384 (ructions)	Loan Amount (\$) \$334.64 Interest rate Maturity date
Principal Occupate Busines Date of loan 15 202 Is lender a financial Institution? Y N Principal occupation Business	7942 Wooded Way on (See Instructions) S DUNCY Name of lender out-of-state Kristin Cobb Lender address; City; 7942 Wooded Way Dr. 1 / Job title (See Instructions) DWNEY	Dr Spring 21 Employer (See Inst Self PAC (ID#: State; Zip	TK 77384 (ructions)	Loan Amount (\$) \$334.64 Interest rate Maturity date
Principal Occupate Busines Date of loan 15 202 Is lender a financial Institution? Y N Principal occupation	7942 Wooded Way on (See Instructions) S DUNCY Name of lender out-of-state Kristin Cobb Lender address; City; 7942 Wooded Way Dr. 1 / Job title (See Instructions) DWNEY	Dr Spring 21 Employer (See Inst SCLF PAC (ID#: State; Zip Spring TX Employer (See Inst SCLF Check if pel	TK 77384 Tructions) Code 71389 ructions)	Loan Amount (\$) \$334 64 Interest rate Maturity date N/A
Principal Occupate BUSINES Date of loan 15 202 Is lender a financial Institution? Y N Principal occupation BUSINES Description of Colla	7942 Wooded Way on (See Instructions) S DWNEV Name of lender	Dr Spring 21 Employer (See Inst SCLF PAC (ID#: State; Zip Spring TX Employer (See Inst SCLF Check if pel	TK 77384 Tructions) Code 71389 Tructions)	Loan Amount (\$) \$334 64 Interest rate Maturity date N/A
Principal Occupate BUSINES Date of loan 15 202 Is lender a financial Institution? Y	7942 Wooded Way on (See Instructions) S DWNEY Name of lender	Dr Spring 21 Employer (See Inst SCLF PAC (ID#: State; Zip Spring TX Employer (See Inst SCLF Check if per account (See for Klein	TK 77384 Tructions) Code 71389 Tructions)	Loan Amount (\$) \$334.64 Interest rate Maturity date N/A were deposited into political
Principal Occupate BUSINES Date of loan Is lender a financial Institution? Y N Principal occupation BUSINES Description of Colland Institution one GUARANTOR INFORMATION	7942 Wooded Way on (See Instructions) S DWNEY Name of lender	21 Employer (See Inst SCLF PAC (ID#: State; Zip Spring TX Employer (See Inst SCLF Check if per account (See for Klein	Code (173 %)	Loan Amount (\$) \$334.64 Interest rate Maturity date N/A were deposited into political Amount Guaranteed (\$)

LOANS

SCHEDULE E

		page in the least	.port.
	e Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			
Kristin	n Cabb		3 Filer ID (Ethics Commission Filers)
	INITEMIZED LOANS		\$ 1134.64
Date of loan	7 Name of lender ☐ out-of-state	PAC (ID#:	9 Loan Amount (6)
9/17/21 6 Is lender	Kristin Cobb)	9 Loan Amount (\$)
a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YXN	7942 Wooded Way Or	Spring TX 77389	11 Maturity date
12 Principal occupat	tion / Job title (See Instructions)	13 Employer (See Instructions)	N/A
Business	Owner	Self-	
14 Description of Col	ilateral	15	
none		Check if personal function account (See Instruction	ds were deposited into political lons)
16 GUARANTOR INFORMATION	17 Name of guarantor Kristo Cobb for		19 Amount Guaranteed (\$)
-An	19 Custometer		
not applicable		Dr Spring TX 77	389 300
20 Principal Occupat	0000000		
Business	duner	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:	Loan Amount (\$)
1	-	1	Loan Amount (4)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
YUN			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	•	Embiosei (cee manachons)	
Description of Colle	ateral	Manager .	
none		Check if personal funds account (See Instruction	s were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		Grand, all Godo	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	,	Employer (See instructions)	
If le	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS NEED	DED
11 (6)	nder is out-of-state PAC, please see inst	ruction guide for additional renu	artina reguliromente

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form. Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME
4 Date	5 Payee name &
9/1/21	
6 Amount (\$)	7 Payee address; City; State; Zip Code
67.23	25303 Kuy Kendahl Rd Tomball Tx 77375
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Banking order checks
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin TV official to the complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office hold
	Kristin Cobb Klein ISD Trustee P 5
Date O 12 10	Payee name /
413121	Wal-Mart
Amount (\$)	Payee address; City; State; Zip Code
10.22	28800 Kuykendahl Rd Tumball TX 77375
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Exp. Envelopes
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	Knstin Cobb Klein ISD Trustee P5 Ø
Date	Payee name /
9/3/21	Kroger
Amount (\$)	Payee address; City; State; Zip Code
150 30	24350 Kuy kendahl Rd Tomball TX 77375
Duppe	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Exp. Stamps
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	Kristin Cobb Klein ISD Trustee P5 &
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 F	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 Date 9/03/21	F Payantame Studios LLC
6 Amount (\$)	/ Payee address;
400-	17914 Platinum Springs Dr Tomball TX 77375
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising Exp. Pictures
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name
Date	Payee name
9/07/21	UPS Store
Amount (\$)	Payee address; City; State; Zip Code
4969	26400 Kuykendahl Rd (180 Woodlands, TX 77375
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	printing Exp. Copies
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name
Date	Payee name
9/30/21	Bancorp South
Amount (\$)	Payee address; City; State; Zip Code
10	25303 Knykendahl Rd Tomball TX 77375
Dume	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Banking service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Klein ISD Thustee P5
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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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 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)

Credit Card Payment 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) Kristin 4 Date 5 Payee name City; State: Zip Code Houston 77080 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Signs EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Kristin Klein Coldo Trustee Date Payee name Amount (\$) State: Zip Code Borretts Glen Ct Houston TX 77065 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Push Cards EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Kristini Coloho Klein ISD Trustee Payee name City; State: Zip Code Rd. #300 Houston 17000 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Advertising Signs EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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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 shows)

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) abb 4 Date 5 Payee name Falls Dr. Cypress (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Media/commercal ad Advertising **EXPENDITURE** (c) Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Gandidate / Officeholder name Office sought expenditure to benefit C/OH Office held ristin Klein Date Payee name State: Zip Code 92083 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office held Kristin Klein Inustee Payee name State; Zip Code Pflugerville Category (See Categories listed at the top of this schedule) Description PURPOSE Internet Ad. EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Kristin BD Trustee PG ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

1	EXPENDITURE CATEGORIES TO THE STATE OF THE S
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	cal Committee Legal Services Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed a labor)
4 -	The histraction Guide explains how to complete this form.
1 Total pages Schedule F1	2 FILER NAME
0.	Kristin Cobb
4 Date	5 Payee name
10/2/21	5 Star Braphic Design
6 Amount (\$)	7 Pavee address:
240	13315 Veterans Memorial Dr. Houston, TX 77014
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	
OF EXPENDITURE	Advertising Exp. Shirts
-XI LIDITORE	Shirts
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name
expenditure to benefit C/O	Office held
Date	Payee name
9/30/21	Marketing Dynamics
Amount (\$)	Payee address:
0-	CITY: State: 7:00-1
750	6431 Slate Stone Ln. Houston, Tx 77004
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	
OF EXPENDITURE	Consulting Exp Compaining consult/Marketing
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	V 1/185 / Iala (/) 165 - 1
Date	Payee name Nein 18D Trustee P5
	• ayee name
10/4/01	VALL PAL
Amount (\$)	Pouro add
10 112	Payee address; 2211 N. 1st st. San Jose State; Zip Code
107.42	2211 No. 181 81. SOUT JOSE CA 95131
00	
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	
OF EXPENDITURE	Fees Donation fees
-	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name
SAPORALICIE TO DELIEUR C/OH	
	Emiliar trustee 19
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

4	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Kristin Cobb		3 Filer ID (Ethics Commission Filers)
9/27/21	5 Payee name Wix. Com	The state of the s	
6 Amount (\$)	500 Tery A. Francoi	s Blud Sa	NFANCISCO CA 9415
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Exp.	email.	
Complete Children	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name KVISTO COOD Klein	Office sought	Office held
Date	Payee name		
Amount (\$)			
γιποαπτ (ψ)	Payee address;	City;	State; Zip Code
	Category (See Categories lists)	7	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
Complete 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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
William Control of the Control of th	The stricture of the st		I X. Officeholder living expense

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 extension and listed a byte of the control of the con

Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date WIK. COM 7 Payee address; 235 W 23rd St &th floor New York NY Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Website EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Klein ISD Trustee P5 Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED