

# 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: **22**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

**MRS**

FIRST

**KRISTIN**

MI

**J.**

NICKNAME

LAST

**COBB**

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**7942 WOODDED WAY DR SPRING TX 77389**

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(281)**

**914 - 2085**

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

**MRS.**

FIRST

**KRISTIN**

MI

**J.**

NICKNAME

LAST

**COBB**

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

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

**7942 WOODDED WAY Dr.**

CITY;

**SPRING**

STATE;

**TX**

ZIP CODE

**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

**9 / 16 / 2021**

THROUGH

Month

Day

Year

**10 / 04 / 2021**

11 ELECTION

ELECTION DATE

Month

Day

Year

**11 / 04 / 2021**

ELECTION TYPE

Primary

Runoff

Other  
Description

**General**

Special

**ISD**

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**KLEIN ISD TRUSTEE P5**

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 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)

\$ 4495

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

\$ 4495

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 4798<sup>70</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 4798<sup>70</sup>

CONTRIBUTION  
BALANCE

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

\$ 83094

OUTSTANDING  
LOAN TOTALS

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

\$ 1134<sup>64</sup>

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.

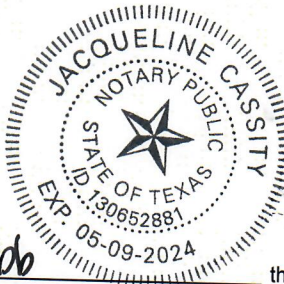
Kristin Cobb

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by Kristin Cobb this the 4<sup>th</sup> day of October, 2021, to certify which, witness my hand and seal of office.

Jacqueline Cassity  
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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4495
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 1134.64
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4798.70
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 334.64
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	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: 10

2 FILER NAME

Kristin Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

8/28/21

5 Full name of contributor

Gordon Casey

out-of-state PAC (ID#:

6 Contributor address;

City;

State;

Zip Code

2801 Saltwood Ct Celina, Tx 75009

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

Manager, cloud hardware ops

9 Employer (See Instructions)

IBM

Date

8/28/21

Full name of contributor

James Buntrock

out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

17518 Hawkin Ln. Tomball TX 77377

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Assoc. Pastor

Employer (See Instructions)

Glorious Way Church

Date

8/29/2021

Full name of contributor

Ashley Rubli

out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

25218 Flemming Meadow Spring TX 77389

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Deloitte

Date

8/31/2021

Full name of contributor

Shelly Dezerillos

out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

18000 Groschke Rd Houston TX 77084

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Aviation Management

Employer (See Instructions)

W. Houston Airport

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: **10**

2 FILER NAME

**Kristin Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date

**8/31/21**

5 Full name of contributor

**James Tolles**

out-of-state PAC (ID#:

7 Amount of contribution (\$)

**\$ 200**

6 Contributor address;

City;

State;

Zip Code

**777 Preston St # 14 Houston TX 77002**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**9/3/21**

Full name of contributor

**Christina Espenscheid**

out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 10**

Contributor address;

City;

State;

Zip Code

**324 3rd Ave #1 Quantico VA 22134**

Principal occupation / Job title (See Instructions)

**Director of Grassroots Coalitions**

Employer (See Instructions)

**Leadership Institute**

Date

**9/6/21**

Full name of contributor

**Priscella Gorman**

out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 200**

Contributor address;

City;

State;

Zip Code

**3610 Laurel Hollow Dr. Spring, TX 77388**

Principal occupation / Job title (See Instructions)

**Business owner**

Employer (See Instructions)

**Self**

Date

**9/9/21**

Full name of contributor

**Priscilla Lashley**

out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 50**

Contributor address;

City;

State;

Zip Code

**15902 Brampton Ct Spring TX 77379**

Principal occupation / Job title (See Instructions)

**Consultant**

Employer (See Instructions)

**Self employed**

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

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1: 10

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 (\$)

9/9/2021

Caroline Mendez

6 Contributor address;

City;

State;

Zip Code

\$100

3899 Noblin Creek Dr. Duluth, GA 30097

8 Principal occupation / Job title (See Instructions)

Director of Womens Forums

9 Employer (See Instructions)

Pinnacle Forum

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

9/15/21

Alex Handley

Contributor address;

City;

State;

Zip Code

\$100

21820 Yupon Cir Tomball TX 77377

Principal occupation / Job title (See Instructions)

Reactor

Employer (See Instructions)

RE/MAX

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

9/15/21

Linda Jordan

Contributor address;

City;

State;

Zip Code

\$10

6618 Craigway, Spring TX 77389

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

9/15/21

Theresa Mitzel

Contributor address;

City;

State;

Zip Code

\$100

7807 Wooded Way Dr Spring TX 77389

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1: 10

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/9/21

5 Full name of contributor

Drake Cameron

out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 50

6 Contributor address;

City;

State; Zip Code

1939 Fawnview Dr Houston TX 77070

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

9/12/21

Full name of contributor

Nichole Lipps

out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

City;

State; Zip Code

25202 Hideaway Run Dr Spring TX 77389

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Conroe

Date

9/12/21

Full name of contributor

Michael Shawiak

out-of-state PAC (ID#:

Amount of contribution (\$)

250

Contributor address;

City;

State; Zip Code

2238 S. Piney Point Houston TX 77063

Principal occupation / Job title (See Instructions)

Account Executive

Employer (See Instructions)

Travelers Companies

Date

9/13/21

Full name of contributor

Donald Sumners

out-of-state PAC (ID#:

Amount of contribution (\$)

100

Contributor address;

City;

State; Zip Code

8222 Pine Thistle Ln. Spring Tx 77379

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

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 (\$)

9/13/21

Jeff Davis

6 Contributor address;

City;

State; Zip Code

6046 Fm 2920 Spring TX 77379

100

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

9/13/21

Ryan Fries

Contributor address;

City;

State; Zip Code

7731 Whidbey Isl. Dr Houston TX 77086

50

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Self

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

9/21/21

Kathy Streusand

Contributor address;

City;

State; Zip Code

7011 Augusta Pines Cove Spring TX 77389

300

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

9/21/21

Mary McCoy

Contributor address;

City;

State; Zip Code

15 Poplar Hill Pl. Spring TX 77381

100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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1 Total pages Schedule A1: 10

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

4 Date

9/21/21

5 Full name of contributor

Daniel Comstock

out-of-state PAC (ID#:

7 Amount of contribution (\$)

100

6 Contributor address;

City;

State; Zip Code

9907 Goldeneagle Dr Houston, TX 77064

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Petroleum Measurement

Date

9/21/21

Full name of contributor

George Brian Vachris

out-of-state PAC (ID#:

Amount of contribution (\$)

200

Contributor address;

City;

State; Zip Code

7118 Timber Edge Ln. Humble TX 77346

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

HISD

Date

9/21/21

Full name of contributor

Alexie Swirsky

out-of-state PAC (ID#:

Amount of contribution (\$)

200

Contributor address;

City;

State; Zip Code

12315 Ann Ln Houston, TX 77064

Principal occupation / Job title (See Instructions)

Occupational Therapist

Employer (See Instructions)

Date

9/22/21

Full name of contributor

James Lombardino

out-of-state PAC (ID#:

Amount of contribution (\$)

100

Contributor address;

City;

State; Zip Code

3210 E. Park at Beverly Hills, Houston, TX 77057

Principal occupation / Job title (See Instructions)

Senior Judge

Employer (See Instructions)

H.C.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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: 10

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 (\$)

9/22/21

John Wilkey

6 Contributor address;

City;

State;

Zip Code

25107 Carrick Bend Dr. Spring, TX 77309

150

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Technology Manager Chemical Co.

Huntsman

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

9/22/21

Gail Stanart

Contributor address;

City;

State;

Zip Code

346 Champions Colony III Houston TX 77069

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Independent Beauty Consultant

Mary Kay

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

9/24/21

Melinda Morris

Contributor address;

City;

State;

Zip Code

8010 Braesview Ln. Houston TX 77071

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

9/24/21

Michael Rodriguez

Contributor address;

City;

State;

Zip Code

3845 Cypress Creek Pkwy Houston TX 77014

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business Owner

Self

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: 10

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/24/21

5 Full name of contributor

out-of-state PAC (ID#:

Knsti Foreman

7 Amount of contribution (\$)

20

6 Contributor address;

City;

State;

Zip Code

8214 Knurled Oak Ln. Spring TX 77379

8 Principal occupation / Job title (See Instructions)

Mom

9 Employer (See Instructions)

Date

9/27/21

Full name of contributor

out-of-state PAC (ID#:

Mary Ann Jackson

Amount of contribution (\$)

40

Contributor address;

City;

State;

Zip Code

11611 Brecken Ct. Cypress TX 77429

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/27/21

Full name of contributor

out-of-state PAC (ID#:

Kelly Peterson

Amount of contribution (\$)

25

Contributor address;

City;

State;

Zip Code

9115 Tairdwood Dr Spring, TX 77379

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Self

Date

9/28/21

Full name of contributor

out-of-state PAC (ID#:

Deborah Fite

Amount of contribution (\$)

150

Contributor address;

City;

State;

Zip Code

10222 Del Monte Dr. Houston TX 77042

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1: 10

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/21

5 Full name of contributor

Walter Hall

out-of-state PAC (ID#:

7 Amount of contribution (\$)

50

6 Contributor address;

City;

State;

Zip Code

15839 Ridge Park Dr. Houston, Tx 77095

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

9/30/21

Full name of contributor

William Wilson

out-of-state PAC (ID#:

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

16814 Empire Gold Dr. Cypress Tx 77433

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/30/21

Full name of contributor

Joseph Rothbauer

out-of-state PAC (ID#:

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

15922 Stornoway Dr. Spring Tx 77379

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/3/21

Full name of contributor

Idalia Harvey

out-of-state PAC (ID#:

Amount of contribution (\$)

40

Contributor address;

City;

State;

Zip Code

5531 Cobble Ln. Spring Tx 77379

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

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: 10

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/21

5 Full name of contributor

out-of-state PAC (ID#:

Meerilee Beazley

7 Amount of contribution (\$)

150

6 Contributor address;

City;

State; Zip Code

14910 Lakeview Dr. Jersey Village TX 77040

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

10/4/21

Full name of contributor

out-of-state PAC (ID#:

Elizabeth Moore

Amount of contribution (\$)

100

Contributor address;

City;

State; Zip Code

7903 Aleta Dr. Spring, TX 77379

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Crossbar

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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 E:

2

2 FILER NAME

Kristin Cobb

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 1134.64

5 Date of loan

8/23/21

7 Name of lender

Kristin Cobb

☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

500

6 Is lender a financial institution?

☐ Y ☒ N

8 Lender address;

City;

State;

Zip Code

7942 Wooded Way Dr Spring TX 77389

10 Interest rate

0

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

Business Owner

13 Employer (See Instructions)

self

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

Kristin Cobb for Klein

19 Amount Guaranteed (\$)

500

18 Guarantor address;

City;

State;

Zip Code

7942 Wooded Way Dr Spring TX 77389

not applicable

20 Principal Occupation (See Instructions)

Business Owner

21 Employer (See Instructions)

Self

Date of loan

8/25/2021

Name of lender

Kristin Cobb

☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

\$334.64

Is lender a financial institution?

☐ Y ☒ N

Lender address;

City;

State;

Zip Code

7942 Wooded Way Dr. Spring TX 77389

Interest rate

0

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

self

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Kristin Cobb for Klein

Amount Guaranteed (\$)

334.64

Guarantor address;

City;

State;

Zip Code

7942 Wooded Way Dr Spring TX 77389

not applicable

Principal Occupation (See Instructions)

Business Owner

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



# LOANS

## SCHEDULE E

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 E:

2

2 FILER NAME

Kristin Cobb

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 1134.64

5 Date of loan

9/17/21

7 Name of lender

Kristin Cobb

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

300

6 Is lender a financial institution?

☐ Y ☒ N

8 Lender address;

City;

State;

Zip Code

7942 Wooded Way Dr Spring TX 77389

10 Interest rate

0

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

Business Owner

13 Employer (See Instructions)

Self

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

Kristin Cobb for Klein

19 Amount Guaranteed (\$)

300

18 Guarantor address;

City;

State;

Zip Code

7942 Wooded Way Dr Spring TX 77389

20 Principal Occupation (See Instructions)

Business Owner

21 Employer (See Instructions)

Self

Date of loan

Name of lender

☐ 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

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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# 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: <b>6</b>		2 FILER NAME <b>Kristin Cobb</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/1/21</b>		5 Payee name <b>Southco Bancorp South</b>			
6 Amount (\$) <b>67.23</b>		7 Payee address; City; State; Zip Code <b>25303 Kuykendahl Rd Tomball TX 77375</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Banking</b>		(b) Description <b>order checks</b>		
	(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 <b>Kristin Cobb</b>			
		Office sought <b>Klein ISD Trustee P5</b>			
		Office held <input checked="" type="checkbox"/>			
Date <b>9/3/21</b>		Payee name <b>Wal-Mart</b>			
Amount (\$) <b>10.22</b>		Payee address; City; State; Zip Code <b>28800 Kuykendahl Rd Tomball TX 77375</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Exp.</b>		Description <b>Envelopes</b>		
	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 <b>Kristin Cobb</b>			
		Office sought <b>Klein ISD Trustee P5</b>			
		Office held <input checked="" type="checkbox"/>			
Date <b>9/3/21</b>		Payee name <b>Kroger</b>			
Amount (\$) <b>150.00</b>		Payee address; City; State; Zip Code <b>24350 Kuykendahl Rd Tomball TX 77375</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Exp.</b>		Description <b>Stamps</b>		
	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 <b>Kristin Cobb</b>			
		Office sought <b>Klein ISD Trustee P5</b>			
		Office held <input checked="" type="checkbox"/>			

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# 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: <b>6</b>		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/03/21</b>		5 Payee name <b>Haas Studios LLC</b>			
6 Amount (\$) <b>400-</b>		7 Payee address; City; State; Zip Code <b>17914 Platinum Springs Dr Tomball TX 77375</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Exp.</b>		(b) Description <b>Pictures</b>		
	(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				
Date <b>9/07/21</b>		Candidate / Officeholder name <b>Kristin Cobb</b>			
Amount (\$) <b>49.69</b>		Office sought <b>Klein ISD Trustee P5</b> Office held <input checked="" type="checkbox"/>			
Payee name <b>UPS Store</b>		City; State; Zip Code <b>26400 Kuykendahl Rd 180 Woodlands, TX 77375</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Exp.</b>		Description <b>Copies</b>		
	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				
Date <b>9/30/21</b>		Candidate / Officeholder name <b>Kristin Cobb</b>			
Amount (\$) <b>10</b>		Office sought <b>Klein ISD Trustee P5</b> Office held <input checked="" type="checkbox"/>			
Payee name <b>Bancorp South</b>		City; State; Zip Code <b>25303 Kuykendahl Rd Tomball TX 77375</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Banking</b>		Description <b>service fee</b>		
	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				
Date <b>9/30/21</b>		Candidate / Officeholder name <b>Kristin Cobb</b>			
Amount (\$) <b>10</b>		Office sought <b>Klein ISD Trustee P5</b> Office held <input checked="" type="checkbox"/>			
Payee name <b>Bancorp South</b>		City; State; Zip Code <b>25303 Kuykendahl Rd Tomball TX 77375</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Banking</b>		Description <b>service fee</b>		
	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				

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# 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: <b>6</b>		2 FILER NAME <b>Kristin Cobb</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/28/21</b>		5 Payee name <b>Sprint 2 Print</b>			
6 Amount (\$) <b>941.78</b>		7 Payee address; City; State; Zip Code <b>8748 Clay Rd # 300 Houston TX 77080</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Exp.</b>		(b) Description <b>Signs</b>		
	(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 Office sought Office held <b>Kristin Cobb Klein ISD Trustee P5</b>			
Date <b>9/20/21</b>		Payee name <b>Fotoninga</b>			
Amount (\$) <b>200</b>		Payee address; City; State; Zip Code <b>9514 Barretts Glen Ct Houston TX 77065</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Exp.</b>		Description <b>Push Cards</b>		
	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 Office sought Office held <b>Kristin Cobb Klein ISD Trustee P5</b>			
Date <b>9/20/21</b>		Payee name <b>Sprint 2 Print</b>			
Amount (\$) <b>1645.40</b>		Payee address; City; State; Zip Code <b>8748 Clay Rd. # 300 Houston TX 77080</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Exp.</b>		Description <b>Signs</b>		
	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 Office sought Office held <b>Kristin Cobb Klein ISD Trustee P5</b>			

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# 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:

6

2 FILER NAME

Kristin Cobb

3 Filer ID (Ethics Commission Filers)

4 Date

10/02/21

5 Payee name

P+G Media

6 Amount (\$)

500

7 Payee address;

12843 Bedford Falls Dr. City: Cypress State: TX Zip Code: 77429

8

PURPOSE  
OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising Exp.

(b) Description

Media/Commercial ad.

(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/OH

Candidate / Officeholder name

Kristin Cobb

Office sought

Klein ISD Trustee P5

Office held

Date

10/2/21

Payee name

Vista Print

Amount (\$)

31.38

Payee address;

611 Vista Village Dr. City: Vista State: CA Zip Code: 92083

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertising Exp

Description

campaign info cards

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

Kristin Cobb

Office sought

Klein ISD Trustee P5

Office held

Date

10/2/21

Payee name

Community Impact

Amount (\$)

250

Payee address;

16121 Impact Way City: Pflugerville State: TX Zip Code: 78660

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertising Exp

Description

Internet Ad.

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

Kristin Cobb

Office sought

Klein ISD Trustee P5

Office held

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# 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: <b>6</b>	2 FILER NAME <b>Kristin Cobb</b>	3 Filer ID (Ethics Commission Filers)
--	-------------------------------------	---------------------------------------

4 Date <b>10/2/21</b>	5 Payee name <b>5 Star Graphic Design</b>
--------------------------	--

6 Amount (\$) <b>240</b>	7 Payee address; <b>13315 Veterans Memorial Dr. Houston, TX 77014 #403</b>
-----------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Exp.</b>	(b) Description <b>Shirts</b>
	(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 <b>Kristin Cobb</b>	Office sought <b>Klein ISD Trustee P5</b>	Office held
---	--	--	-------------

Date <b>9/30/21</b>	Payee name <b>Marketing Dynamics</b>
------------------------	---

Amount (\$) <b>250</b>	Payee address; <b>6431 Slate Stone Ln. Houston, TX 77084</b>
---------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Exp</b>	Description <b>Campaign consult / marketing</b>
	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 <b>Kristin Cobb</b>	Office sought <b>Klein ISD Trustee P5</b>	Office held
---	--	--	-------------

Date <b>10/4/21</b>	Payee name <b>Pay Pal</b>
------------------------	------------------------------

Amount (\$) <b>62.42</b>	Payee address; <b>2211 N. 1st St. San Jose CA 95131</b>
-----------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Donation fees</b>
	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 <b>Kristin Cobb</b>	Office sought <b>Klein ISD Trustee P5</b>	Office held
---	--	--	-------------

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# 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.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME <b>Kristin Cobb</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9/27/21</b>	<b>5</b> Payee name <b>Wix.com</b>		
<b>6</b> Amount (\$) <b>6.49</b>	<b>7</b> Payee address; <b>500 Terry A. Francois Blvd San Francisco CA 94158</b> City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Exp.</b>		<b>(b)</b> Description <b>email.</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name <b>Kristin Cobb</b> Office sought <b>Klein ISD Trustee P5</b> Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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# 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	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 G: <b>1</b>	2 FILER NAME <b>Kristin Cobb</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8/25/21</b>	5 Payee name <b>Wlx.com</b>	
6 Amount (\$) <b>334.64</b> <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code <b>235 W 23rd St 8th floor New York NY 10011</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Website / Domain / email</b>
	(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 <b>Kristin Cobb</b>	Office sought <b>Klein ISD Trustee P5</b>
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	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. <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	Office sought
		Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	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. <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	Office sought
		Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	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. <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	Office sought
		Office held

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