

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

J.

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

J

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

10 / 4 / 21

THROUGH

Month

Day

Year

10 / 25 / 21

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 02 / 21

☐ Primary

☐ Runoff

ELECTION TYPE

☐ 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 <u>Kristin Cobb</u>		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)	\$ <u>5209</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5209</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>6041⁴³</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6041⁴³</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>265⁴⁰</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1134⁶⁴</u>

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 _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Kristin Cobb, and my date of birth is 4/13/1982.
My address is 7942 Wooded Way Dr, Spring, TX, 77389, USA.
(street) (city) (state) (zip code) (country)
Executed in Harris County, State of Texas, on the 25th day of October, 20 21.
(month) (year)
Kristin Cobb
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Kristin Cobb

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5209
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	\$ 1134 ⁶⁴
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6041 ⁴³
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	\$ 334 ⁶⁴
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

15-2022 Contribution CI Spring 2020 71379

Contributor Name: Kristin Cobb

City: Clark Creek Spring

Amount of contribution: 20

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)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:

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)

M.A.M.

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 Trolling 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 Giordano

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)

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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:
2 FILER NAME Kristin J. Cobb		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/21	5 Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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) Exon Mobil
Date 10/14/21	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 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. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held Kristin Cobb Klein ISD Trustee P 5			
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. 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 Position 5			
Date 10/7/21		Payee name mail chimp			
Amount (\$) 56.49		Payee address; City; State; Zip Code Atlanta GA			
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. 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 Position 5			

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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: <u>2</u>		2 FILER NAME <u>Kristin J Cobb</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>10/15/21</u>		5 Payee name <u>UPS store</u>			
6 Amount (\$) <u>189.44</u>		7 Payee address;		City; <u>Tomball</u>	State; <u>TX</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>push card printing</u>		
	(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 <u>Kristin Cobb</u>		Office sought <u>Klein ISD Trustee</u>	Office held <u>Position 5</u>
Date <u>10/12/21</u>		Payee name <u>Wix</u>			
Amount (\$) <u>3.23</u>		Payee address;		City; <u>San Francisco</u>	State; <u>CA</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising Expense (image)</u>		Description <u>image purchase for website.</u>		
	<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 <u>Kristin Cobb</u>		Office sought <u>Klein ISD Position 5</u>	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		
	<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

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