CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		- CONT		COVER SHEET PG	
-	-/^	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	FIRST Kristin	MI	OFFICE USE ONLY	
	NICKNAME	Cobb	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO B	OX; APT / SUITE #; C	210 Howston, TX		
Change of Address			77069		
5 CANDIDATE/ OFFICEHOLDER PHONE	(281) C	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS/ MR	Krista	MI . T	Receipt # Amount \$	
	NICKNAME	LAST	SUFFIX	Date Processed	
		Cobb		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE): APT / SUI M 1960 WSte 21	ITE#; CITY; 10 Houston TX	STATE; ZIP CODE 77069	
(Residence or Business)				,	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	(231)11	17 - 2085			
V KLPORTTYPE	January 15	30th day before elec	ction Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
10 PERIOD	July 15	8th day before electi	ion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
COVERED	8/01 8	Day Year / 2022	THROUGH 9	Day Year / 29 / 2022	
11 ELECTION	ELECTION D.	·	ELECTION TYPE	the law law.	
	Month Day	Year Primary 2022 General	Runoff Other Description Special		
2 OFFICE					
311102	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
4 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE REFN MAY HAVE REF				
000000000000000000000000000000000000000	COMMITTEE TYPE	COMMITTEE NAME	THE THE INFORMATION ONLY IF THE	Y RECEIVE NOTICE OF SUCH EXPENDITURES.	
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASU	JRER NAME		
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS		
		GO TO PA	AGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			
Kris-	fin Cobb	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRON	ES OF LOAMS OF	\$
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, CO.)	ONS R GUARANTEES OF LOANS)	\$ 2825
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXP	PENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITUR	ES	\$ 1044,99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAST D	AY \$ 1780.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER	OUTSTANDING LOANS AS OF TH	\$ 797 <u>50</u>
18 SIGNATURE I s	wear, or affirm, under penalty of periury that the		
req	wear, or affirm, under penalty of perjury, that the unired to be reported by me under Title 15, Election	e accompanying report is true an Code.	d correct and includes all information
		Kristin	Colol
		Signature of Candid	ate or Officeholder
	Diago comulate	- 141	
	riease complete	either option below:	
			CASSILL
			SHILL OUBLE
(1) Affidavit			ACOUNTINE CASSING AND ACTION OF THE CASSING
			JACOU NOTA NOTA NOTA NOTA NOTA NOTA NOTA NOTA
			NATE OF STATE OF STAT
NOTARY STAMP/SEAL			1D 13060 09 7
Sworn to and subscribed b	deanist.		day of October
		SSity this the	day of October
20, to certify w	hich, witness my hand and seal of office.		,
Sachullan	-A changling	assing	Mile
Signature of officer administering	ng oath Printed name of officer admi	nistering oath	Title of officer administering oath
	OR		. ac or officer autimistering oath
(2) Unsworn Declaration			
My name is			
My address is		, and my date of birth is	
		,	,
Executed in	(street)	(city) (state)	(zip code) (country)
	County, State of , on the	ne day of	, 20 (year)
		(montn)	(year)
	-	Signature of Candidate/Or	fficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME				
	20 Filer ID (Ethics Co				
	Kristin Cobb	,			
21	21 SCHEDULE SUBTOTALS				
21	NAME OF SCHEDULE	SUBTOTAL			
		AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL COLUMN	0.0			
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2825			
2.	COUEDINE	200			
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.		, O			
٥.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
		* O			
4.	SCHEDULE E: LOANS	0 70750			
		\$ 1915			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	1011.160			
	TRANSPORTED WASEL FROM POLITICAL CONTRIBUTIONS	\$ 10449			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	1			
	THE OBLIGATIONS	\$ (000			
7.	SCHEDULE E3: PURCHASE OF INVESTMENT	000			
	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8.	SCHEDINE EX EXERTIFICATION				
	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s ()			
9.	COLIEDINE				
	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 79750			
10.		0 19/2			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s ()			
44		° 0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	. 0			
		\$ 0			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					
	TO FILER	\$ ()			

SCHEDULE A1

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

	e Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1.
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
9/07/22	5 Full name of contributor out-of-state PA Michael Shawlak 6 Contributor address; 2238 S. Piney Point 105		7 Amount of contribution (\$) 250
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	
Date 9/11/22	Full name of contributor out-of-state PAGE Paul Lipps Contributor address; City; 25262 Hickarry Run Dr Sp	,	Amount of contribution (\$)
C.	pation / Job title (See Instructions)	Employer (See Instruct	<u> </u>
	Priscilla Lashley Contributor address; City; 15902 Brampton Ct Sprin	State: Zin Code	Amount of contribution (\$)
	maker (See Instructions)	Employer (See Instructi i/	ions) 4
	Full name of contributor out-of-state PAC John Wilkey Contributor address; City; 25107 Carrick Bend Dr. Sp	State; Zip Code	Amount of contribution (\$)
Principal occup	Technology Manager	Employer (See Instruction	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

SCHEDULE A1

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

The	e Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1:
	stin Cobb		3 Filer ID (Ethics Commission Filers)
9/26/22	5 Full name of contributor out-of-state P. 1001R On HVeros 6 Contributor address; City; 426 Savannah Springs	State; Zip Code Way Spring 7,	7 Amount of contribution (\$)
The state of the s	upation / Job title (See Instructions)	9 Employer (See Instruc	<u>l</u> :tions)
Date 9 /28/22	Full name of contributor out-of-state PA Cary Klopp Contributor address; FILD Beacham Or Hou	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 9 23 22	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Full name of contributor out-of-state PA Nancy Murtel Contributor address; City; 222 Enchanted River D S	State: Zip Code pring, Tx 77388	25-
Principal occup	Nomemaker	Employer (See Instruction No Memaker	
Date 9/26/22	Full name of contributor out-of-state PAC	2.410#-	Amount of contribution (\$)
·	Martin Etwop Contributor address; City; 9856 Preserve Way Conroe	State; Zip Code TK 77385	250-
Principal occup	ation / Job title (See Instructions) When ployeed.	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru	OF THIS SCHEDULE AS NE action guide for additional re	EDED porting requirements.

SCHEDULE A1

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

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	ristin Cobb			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
9/13/22	Drake Cameron			
1710722	6 Contributor address; City; State; Zip Code	50-		
	Drake Cameron 6 Contributor address; City; State; Zip Code 11939 Fawnview Or Houston, TX 77070			
8 Principal occu	pation / Job title (See Instructions)	tions)		
Retired		,		
Date	Full name of contributor			
olielaa	Contributor address; City; State; Zip Code	Amount of contribution (\$)		
9/15/22	Contributor address: City: State 7: 6	100-		
	14No The State; Zip Code	100		
Principal assura	14090 FM 2920 Tomball, TX 77377			
Reti	ation / Job title (See Instructions) Employer (See Instructions)	ions)		
(C)	11 (4)			
Date	Full name of contributor	Amount of contribution (\$)		
9/22/22	Joseph Rothbauer	(4)		
9/22/22 Joseph Rothbauer Contributor address; City; State; Zip Code 15922 Stornoway Dr Spring, Tx 77379 Amount of contribution (\$)				
	19922 370 Mb Way Dr Spring, Tx 77379			
	ation / Job title (See Instructions) Employer (See Instructions)			
	etired	ons)		
Date	Full name of contributor			
9/26/22	Unit-of-state PAC (ID#:)	Amount of contribution (\$)		
1/20102	Contributor address: City: State: Zin Code			
	The Code	100-		
Duin - l	14090 FM 2920 Tomball, TX 77377			
Principal occupa	ation / Job title (See Instructions)	ons)		
10011	CY			
	· · · · · · · · · · · · · · · · · · ·			
	ATTAON			

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

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

page in the report.				
The	e Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:	
2 FILER NAME	Kristin Cobb		3 Filer ID (Ethics Commission Filers)	
9/13/22	6 Contributor address; City; 16618 Lafone Dr. Spring	State; Zip Code TX 773 79	7 Amount of contribution (\$)	
	Retired 9	Employer (See Instruct	ions)	
Date 9 /13/22	Full name of contributor out-of-state PAC (ID Denise Mornson Contributor address; City; 22819 Trailwood Ln Tom	State; Zip Code ball TK	Amount of contribution (\$)	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
DUSTY	less Planning Manager	BC Forw		
Date	Full name of contributor	#:)	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor	f:) State; Zip Code	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructio	HIS SCHEDULE AS NE	EDED	
	or o	n guide for additional rep	porting requirements.	

Forms provided by Texas Ethics Commission

LOANS

SCHEDULE E

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

		The include this page in the r	eport.	
The	1 Total pages Schedule E:			
2 FILER NAME Kristin	i Cobb		3 Filer ID (Ethics Commission Filers)	
_	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender □ out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City; 7942 Woodeel Way Dr	State; Zip Code	10 Interest rate 11 Maturity date	
12			NA	
Pusiness	on / Job title (See Instructions)	13 Employer (See Instructions) Self.		
14 Description of Col	lateral	Check if personal fun account (See Instruc	ds were deposited into political tions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City; 7942 Wooded Way Dr S	State; Zip Code	79750	
20 Principal Occupat		21 Employer (See Instructions)		
Business Dw	ner	Self		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N			Maturity date	
	n / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	iteral	Check if personal fund account (See Instructi	ls were deposited into political	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupatio	n (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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

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 a	Wages/Contract Labor Other (enter a category not listed above) Complete this form
1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	Kristin Cobb	(=====================================
9/29/22	5 Payee name ANEdot	
6 Amount (\$)	7 Payee address;	City; State: Zin Code
41,10	438 Main street	Baton Rouge LA 70801
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Fees	Fundraising fees
	(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	Office sought Clein ISD Trustee Pos. 6 ×
Date	Payee name	1000100
9/19/22	Mail chimp Payee address;	
Amount (\$)	Payee address;	City; State; Zip Code
56.49	675 Ponte de Leon Ave NE	Atlanta GA 30308
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	adula schicia - acia	emails
EXPENDITURE	advertising exp	emails
Complete ONIV S. II	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		Office sought Office held
	Knistin Cobb Klein	ISD Trustee Pos. 6 x
Date	Payee name	
9/16/22	Red Arrow	
Amount (\$)	Payee address;	City; State; Zip Code
190	PD BOX 248	Benton LA 71171
DUDDO	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Consulting expense	Retainer
	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 To	rustee Pos 6 x
	ATTACH ADDITIONAL COPIES OF THIS S	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee 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 Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	,
1 Total pages Schedule F2:	2 FILERNAME Kristini Cobb		3 Filer ID (Ethics Commission Filers)
	MIZED UNPAID INCURRED OBLI	GATIONS	\$ 600-
5 Date 9/15/22	6 Payee name Katy Christian Ma	M-71001	
7 Amount (\$)	8 Payee address; 650 W Bough Ste	150-170 City;	State; Zip Code
9 TYPE OF EXPENDITURE	Houston TX 77029	Non-Political	
10 PURPOSE	(a) Category (See Categories listed at the top of this: Advertising Expense		Ale
OF EXPENDITURE	(c) Check if travel outside of Texas. Complete Sc	Online	Ads
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office Land	Office sought LLEN ISD Trust	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	chedule) Description	
	Check if travel outside of Texas. Complete Sc	chedule T. Check if Avet	i- TV m
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	in, TX, officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED
rms provided by Taxas Ethica	C		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol Credit Card Payment	le By itical Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Rep Office Ov Polling E Printing E Salaries/	oayment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Travel In District Travel Out Of Dist	ipment & Related Expense
1 Total pages Schedule G	: 2 FILER NA			Complete this form.		
4 Date /	Kns	tin Cobb			3 Filer ID (Ethi	cs Commission Filers)
8/12/22	5 Payee nar	<i>f</i>				
Reimbursement from political contributions intended	7 Payee add	Tery A Franco	is Blu	d FL 6 San F	State; ancisco Ci	Zip Code 4 94158
8 PURPOSE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
OF EXPENDITURE	ûdver	() //		Website		
9		heck if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee nam	ie				
8/01/22	WIX					
Amount (\$) 24,85 Reimbursement from political contributions intended	Payee add 500 Tery	1 -	FL 6	Son Francisc	o CA 94	Zip Code
PURPOSE	Category	See Categories listed at the top of this so	chedule)	Description		
OF	advert			domain		
EXPENDITURE				derrolly		
		neck if travel outside of Texas. Complete Sch te / Officeholder name			TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		te / Officenoider name	(Office sought		Office held
Date #/0[/ 22	Payee name	9	***************************************			
Amount (\$)	Payee addr	ess;				
Reimbursement from political contributions intended	500 Te	ry A. François 1.	31vd f	-L6 San Frau	State;	Zip Code 94158
PURPOSE OF EXPENDITURE	Category (S AdVer+	See Categories listed at the top of this sch	nedule)	Description emou 1		
-/ LIDITORE	Ch	eck if travel outside of Texas. Complete Sche				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Check if Austin, T. Office sought	X, officeholder living e	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED