

# 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:  
11

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Kristin

J

Cobb

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4606 FM 1960 W 210 Houston, Tx  
77069

☐ 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

Kristin

J

Cobb

7 CAMPAIGN  
TREASURER  
ADDRESS

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

CITY;

STATE;

ZIP CODE

4606 FM 1960 W Ste 210 Houston TX  
77069

(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  
8/01 8/01/2022

THROUGH

Month Day Year  
9/29/2022

11 ELECTION

ELECTION DATE

Month Day Year

11/08/2022

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Klein ISD Trustee Position 6

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)

\$ 0

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

\$ 2825

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1044.99

CONTRIBUTION  
BALANCE

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

\$ 1780.01

OUTSTANDING  
LOAN TOTALS

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

\$ 797.50

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

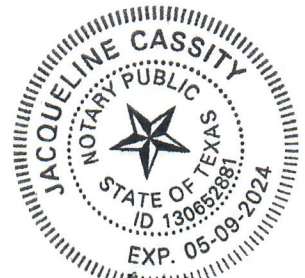
NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jacqueline Cassity this the 11 day of October,  
20 22, 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  
Title of officer administering oath



OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

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

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Kristin Cobb

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2825
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	\$ 797 <sup>50</sup>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1044 <sup>99</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 600 <sup>-</sup>
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	\$ 797 <sup>50</sup>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

**Kristin Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date

**9/07/22**

5 Full name of contributor

**Michael Shawiak**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**250-**

6 Contributor address;

**2238 S. Piney Point # 105 Houston TX 77063**

8 Principal occupation / Job title (See Instructions)

**Agent**

9 Employer (See Instructions)

**Klein Travel**

Date

**9/11/22**

Full name of contributor

**Paul Lipps**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**150-**

Contributor address;

**25202 Hickaway Run Dr Spring, TX 77389**

Principal occupation / Job title (See Instructions)

**Engineer**

Employer (See Instructions)

**Nouryon Chemicals**

Date

**9/11/22**

Full name of contributor

**Priscilla Lashley**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100-**

Contributor address;

**15902 Brampton Ct Spring TX 77379**

Principal occupation / Job title (See Instructions)

**Home maker**

Employer (See Instructions)

**u u**

Date

**9/13/22**

Full name of contributor

**John Wilkey**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**500-**

Contributor address;

**25107 Carrick Bend Dr. Spring TX 77389**

Principal occupation / Job title (See Instructions)

**Senior Technology Manager**

Employer (See Instructions)

**Huntsman International**

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: **4**

2 FILER NAME

**Kristin Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date

**9/26/22**

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Monne Ontiveros**

7 Amount of contribution (\$)

**50-**

6 Contributor address;

City;

State;

Zip Code

**426 Savannah Springs Way Spring TX 77373**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**9/28/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Gary Klopp**

Amount of contribution (\$)

**50-**

Contributor address;

City;

State;

Zip Code

**15110 Beacham Dr Houston, TX 77070**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**9/23/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Nancy Martel**

Amount of contribution (\$)

**25-**

Contributor address;

City;

State;

Zip Code

**222 Enchanted River Dr Spring, TX 77388**

Principal occupation / Job title (See Instructions)

**homemaker**

Employer (See Instructions)

**homemaker**

Date

**9/26/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Martin Etwop**

Amount of contribution (\$)

**250-**

Contributor address;

City;

State;

Zip Code

**9856 Preserve Way Conroe TX 77385**

Principal occupation / Job title (See Instructions)

**unemployed.**

Employer (See Instructions)

**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: **4**

2 FILER NAME

**Kristin Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date

**9/13/22**

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Drake Cameron**

7 Amount of contribution (\$)

**50-**

6 Contributor address;

City;

State;

Zip Code

**11939 Fawnview Dr Houston, TX 77070**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**9/15/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Tommy Kimbell**

Amount of contribution (\$)

**100-**

Contributor address;

City;

State;

Zip Code

**14090 FM 2920 Tomball, TX 77377**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**9/22/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Joseph Rothbauer**

Amount of contribution (\$)

**1000-**

Contributor address;

City;

State;

Zip Code

**15922 Stornoway Dr Spring, TX 77379**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**9/26/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Tommy Kimbell**

Amount of contribution (\$)

**100-**

Contributor address;

City;

State;

Zip Code

**14090 FM 2920 Tomball, TX 77377**

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

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: **4**

2 FILER NAME

**Kristin Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date

**9/13/22**

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Nancy Goan**

7 Amount of contribution (\$)

**100-**

6 Contributor address;

City;

State;

Zip Code

**16618 Lafone Dr. Spring TX 77379**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**9/13/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Denise Morrison**

Amount of contribution (\$)

**100-**

Contributor address;

City;

State;

Zip Code

**22819 Trailwood Ln Tomball TX 77375**

Principal occupation / Job title (See Instructions)

**Business Planning Manager**

Employer (See Instructions)

**BC Forward**

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: 1

2 FILER NAME

Kristin Cobb

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan  
8/01/22

7 Name of lender  
Self  
☐ out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)  
797.50

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  
Self

19 Amount Guaranteed (\$)

797.50

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

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

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (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	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: <u>1</u>		2 FILER NAME <u>Kristin Cobb</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>9/29/22</u>		5 Payee name <u>Anedot</u>			
6 Amount (\$) <u>41.10</u>		7 Payee address; City; State; Zip Code <u>438 Main street</u> <u>Baton Rouge</u> <u>LA</u> <u>70801</u>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>Fundraising fees</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 Pos. 6</u> Office held <u>X</u>					
Date <u>9/19/22</u>		Payee name <u>Mailchimp</u>			
Amount (\$) <u>56.49</u>		Payee address; City; State; Zip Code <u>675 Pont de Leon Ave NE</u> <u>Atlanta</u> <u>GA</u> <u>30308</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>advertising exp</u>		Description <u>emails</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 Trustee Pos. 6</u> Office held <u>X</u>					
Date <u>9/16/22</u>		Payee name <u>Red Arrow</u>			
Amount (\$) <u>150-</u>		Payee address; City; State; Zip Code <u>PO Box 248</u> <u>Benton</u> <u>LA</u> <u>71171</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Consulting expense</u>		Description <u>Retainer</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 Trustee Pos. 6</u> Office held <u>X</u>					

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

# 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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Kristin Cobb	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 600-
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5 Date 9/15/22	6 Payee name Katy Christian Magazine
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7 Amount (\$) 600	8 Payee address; 650 W Bough ste 150-170 Houston TX 77024	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--------------------------------------------------------------------------------------

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Online Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kristin Cobb	Office sought Klein ISD Trustee Position 6	Office held
---------------------------------------------------------------	-----------------------------------------------	-----------------------------------------------	-------------

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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
------------------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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: <u>1</u>		2 FILER NAME <u>Kristin Cobb</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>8/12/22</u>		5 Payee name <u>Wix</u>			
6 Amount (\$) <u>\$766.41</u> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <u>500 Terry A Francois Blvd FL 6 San Francisco CA 94158</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>advertising exp.</u>		(b) Description <u>Website</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <u>8/01/22</u>		Payee name <u>Wix</u>			
Amount (\$) <u>24.85</u> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>500 Terry A Francois Blvd. FL 6 San Francisco CA 94158</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Exp</u>		Description <u>domain</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 Office sought Office held					
Date <u>9/01/22</u>		Payee name <u>Wix</u>			
Amount (\$) <u>6.24</u> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>500 Terry A. Francois Blvd FL 6 San Francisco CA 94158</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising expense</u>		Description <u>email</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 Office sought Office held					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					