

# 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: **13**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI  
**J**

NICKNAME

LAST

SUFFIX

**Kristin**

**Cobb**

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**4606 FM 1960 W Ste 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  
**J.**

NICKNAME

LAST

SUFFIX

**Kristin**

**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

**09 / 30 / 2022** THROUGH

Month

Day

Year

**10 / 31 / 2022**

11 ELECTION

ELECTION DATE

Month

Day

Year

**11 / 08 / 2022**

ELECTION TYPE

☐ Primary

☐ Runoff

☐ 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

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)

\$ 382

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

\$ 8577

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4844<sup>01</sup>

CONTRIBUTION  
BALANCE

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

\$ 5703<sup>30</sup>

OUTSTANDING  
LOAN TOTALS

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

\$ 797<sup>50</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.

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 4/13/82.

My address is 4606 FM 1960 W stc 210, Houston, TX, 77069 USA.  
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 31 day of October, 20 22.  
(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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8517
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 60
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4844 <sup>01</sup>
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	\$ 0
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: **6**

2 FILER NAME

**Kristin Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/03/22**

5 Full name of contributor

**Debora Kelting**

☐ out-of-state PAC (ID#):

7 Amount of contribution (\$)

**200**

6 Contributor address;

**3310 Kimberly Ln Houston TX 77079**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**10/03/22**

Full name of contributor

**Michael Nichols**

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

**100**

Contributor address;

**1520 N 20th St Nederland TX 77627**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**10/05/22**

Full name of contributor

**Kathaleen Wall**

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

**5000-**

Contributor address;

**602 Pinehauer Houston TX 77024**

Principal occupation / Job title (See Instructions)

**Investor**

Employer (See Instructions)

**Self**

Date

**10/05/22**

Full name of contributor

**George Vachris**

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

**100-**

Contributor address;

**7118 Timber Edge Ln Humble TX 77346**

Principal occupation / Job title (See Instructions)

**Retired**

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.



# 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: **6**

2 FILER NAME

**Kristin Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/05/22**

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Mary C Jackson**

7 Amount of contribution (\$)

**50-**

6 Contributor address;

City;

State;

Zip Code

**11611 Breckan Ct Cypress TX 77429**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**10/11/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Cheryl Greene**

Amount of contribution (\$)

**25-**

Contributor address;

City;

State;

Zip Code

**2110 Trailing Vine Rd Spring TX 77373**

Principal occupation / Job title (See Instructions)

**retired**

Employer (See Instructions)

Date

**10/12/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Connie Silva**

Amount of contribution (\$)

**25-**

Contributor address;

City;

State;

Zip Code

**450 Woodland Square Blvd Conroe, TX  
# Apt 1407 77384**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10/12/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Linda Jordan**

Amount of contribution (\$)

**25-**

Contributor address;

City;

State;

Zip Code

**6616 Craigway 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

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: **6**

2 FILER NAME

**Kristin Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/12/22**

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Texas Tea Party Republican Women**

7 Amount of contribution (\$)

**1000-**

6 Contributor address;

City;

State;

Zip Code

**18827 Cypress Chateau Dr Spring TX 77388**

8 Principal occupation / Job title (See Instructions)

**PAC**

9 Employer (See Instructions)

Date

**10/17/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Kathy Streusand**

Amount of contribution (\$)

**200-**

Contributor address;

City;

State;

Zip Code

**7011 Augusta Pines Cove Spring TX 77389**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**10/17/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Deborah Fox**

Amount of contribution (\$)

**100-**

Contributor address;

City;

State;

Zip Code

**19711 Country Lake Dr. Magnolia TX 77355**

Principal occupation / Job title (See Instructions)

**retired**

Employer (See Instructions)

Date

**10/17/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Michael Johnson**

Amount of contribution (\$)

**100-**

Contributor address;

City;

State;

Zip Code

**26645 Bayou Tesch Magnolia TX 77354**

Principal occupation / Job title (See Instructions)

**retired**

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.



# 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 **6**

2 FILER NAME

**Kristin Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/21/22**

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Penny Clissold**

7 Amount of contribution (\$)

**100-**

6 Contributor address;

City;

State;

Zip Code

**10127 Cairn Meadows Spring TX 77373**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**10/5/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Monica Dean**

Amount of contribution (\$)

**50-**

Contributor address;

City;

State;

Zip Code

**1740 Little Riata Dr Houston TX 77095**

Principal occupation / Job title (See Instructions)

**Homemaker**

Employer (See Instructions)

Date

**10/10/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Michael Shawiak**

Amount of contribution (\$)

**50-**

Contributor address;

City;

State;

Zip Code

**2238 S. Piney Point Rd Houston TX 77063**

Principal occupation / Job title (See Instructions)

**Travel Agent**

Employer (See Instructions)

**Klein Travel**

Date

**10/12/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Martin Renteria**

Amount of contribution (\$)

**100-**

Contributor address;

City;

State;

Zip Code

**6502 Larkmount Dr Spring TX 77389**

Principal occupation / Job title (See Instructions)

**Retired**

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.

# 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: **6**

2 FILER NAME

**Kristin Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/17/22**

5 Full name of contributor

☐ out-of-state PAC (ID#:

**Catherine Weber**

7 Amount of contribution (\$)

**50-**

6 Contributor address;

City;

State;

Zip Code

**5230 Marble Gate Ln Houston TX 77069**

8 Principal occupation / Job title (See Instructions)

**Faculty**

9 Employer (See Instructions)

**University of Houston**

Date

**10/18/22**

Full name of contributor

☐ out-of-state PAC (ID#:

**John Gemmell**

Amount of contribution (\$)

**50-**

Contributor address;

City;

State;

Zip Code

**10130 Carin Meadows Dr Spring TX 77379**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**10/19/22**

Full name of contributor

☐ out-of-state PAC (ID#:

**Diana Denton**

Amount of contribution (\$)

**100-**

Contributor address;

City;

State;

Zip Code

**4510 Needham Cross Dr Spring TX 77379**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**10/20/22**

Full name of contributor

☐ out-of-state PAC (ID#:

**Gaylen Keys**

Amount of contribution (\$)

**410-**

Contributor address;

City;

State;

Zip Code

**8827 Vista Springs Dr Spring TX 77379**

Principal occupation / Job title (See Instructions)

**Teacher**

Employer (See Instructions)

**Klein ISD**

**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: **6**

2 FILER NAME

**Kristin Cobb**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/24/22**

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**David Bertoch**

7 Amount of contribution (\$)

**100-**

6 Contributor address;

City;

State;

Zip Code

**3406 Rolling Terrace Dr. Spring TX 77388**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**10/25/22**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**Donna Cox**

Amount of contribution (\$)

**200-**

Contributor address;

City;

State;

Zip Code

**59 Manor Lake Estates Dr Spring TX 77379**

Principal occupation / Job title (See Instructions)

**Retired**

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)

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.**

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

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 A2: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em;">Kristin Cobb</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <div style="font-size: 1.5em;">60-</div>	
5 Date <div style="font-size: 1.2em;">10/11/22</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Donna Cox</div>		8 Amount of Contribution \$ <div style="font-size: 1.5em;">60</div>
7 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">59 Manor Lake Estates Dr Spring TX 77379</div>		9 In-kind contribution description <div style="font-size: 1.2em;">Meet + Greet</div>	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em;">Retired</div>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**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: <b>3</b>		2 FILER NAME <b>Kristin Cobb</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/11/22</b>		5 Payee name <b>Red Arrow</b>			
6 Amount (\$) <b>550</b>		7 Payee address; <b>PO Box 248</b> City: <b>Benton</b> State: <b>LA</b> Zip Code: <b>71171</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Service</b>		(b) Description <b>Political Strategy</b>		
	(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: <b>Kristin Cobb</b> Office sought: <b>Klein Trustee Pos. 6</b> Office held: <b>None</b>					
Date <b>10/13/22</b>		Payee name <b>The UPS Store</b>			
Amount (\$) <b>1337.91</b>		Payee address; <b>24230 Kuykendahl Rd Ste 310</b> City: <b>Tomball</b> State: <b>TX</b> Zip Code: <b>77375</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Advertising</b>		
	<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: <b>Kristin Cobb</b> Office sought: <b>Klein Trustee P6</b> Office held:					
Date <b>10/17/22</b>		Payee name <b>Katy Christian Magazine</b>			
Amount (\$) <b>600</b>		Payee address; <b>650 W Bough Ste 150-170</b> City: <b>Houston</b> State: <b>TX</b> Zip Code: <b>77024</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Online Ads</b>		
	<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: <b>Kristin Cobb</b> Office sought: <b>Klein Trustee Pos. 6</b> Office held:					

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



# 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>3</b>	2 FILER NAME <b>Kristin Cobb</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/17/2022</b>	5 Payee name <b>Mail Chimp</b>
6 Amount (\$) <b>62.89</b>	7 Payee address: <b>675 Ponce de Leon Ave NE</b> City: <b>Atlanta</b> State: <b>GA</b> Zip Code: <b>30308</b>

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>email</b>
	(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 <b>Kristin Cobb</b>	Office sought <b>Klein ISD Trustee Pos 6</b>	Office held <b>Ø</b>
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Date <b>10/24/22</b>	Payee name <b>Robocent Inc</b>
Amount (\$) <b>1644.60</b>	Payee address: <b>2129 General Booth Blvd</b> City: <b>Virginia Beach</b> State: <b>VA</b> Zip Code: <b>23454</b>

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Exp</b>	Description <b>Texts</b>
	<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 <b>Kristin Cobb</b>	Office sought <b>Klein Trustee Pos. 6.</b>	Office held
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Date <b>10/27/22</b>	Payee name <b>In McShane II</b>
Amount (\$) <b>300</b>	Payee address: <b>6950 OBannon Dr ste 100</b> City: <b>Las Vegas</b> State: <b>NV</b> Zip Code: <b>89117</b>

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Political Advertising</b>	Description <b>data Purchase</b>
	<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 <b>Kristin Cobb</b>	Office sought <b>Klein ISD Trustee</b>	Office held <b>Ø</b>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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: **3** 2 FILER NAME **Kristin Cobb** 3 Filer ID (Ethics Commission Filers)

4 Date **10/28/22** 5 Payee name **Sistematik Graphics**

6 Amount (\$) **34855** 7 Payee address; **2487 Texas Ave** City; **shreveport** State; **LA** Zip Code **71103**

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **Political Advertising** (b) Description **Push Cards**

(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** Office held **Pos 6**

Date Payee name

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

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

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

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

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

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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