

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: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS FIRST LORI MI KLEIN NICKNAME LAST QUINN SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	[REDACTED] [REDACTED] 77325	Date Received 4/7/2022	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR. FIRST DAVID MI R. NICKNAME LAST QUINN SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	[REDACTED] TOMBALL, TX 77325	Date Processed 4/7/2022	Date Imaged 4/8/2022
8 CAMPAIGN TREASURER PHONE	[REDACTED]	STATE:	ZIP CODE
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 26 / 2022 4 / 6 / 2022		
11 ELECTION	ELECTION DATE Mon Day Year 5 / 7 / 2022	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL POS 5	13 OFFICE SOUGHT (if known) MAYOR	
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.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

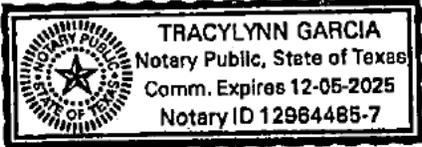
15 C/OH NAME LORI KLEIN QUINN 16 Filer ID (Ethics Commission Filers)

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)	\$ 5255 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES <u>See 7-7, 74, 03</u>	\$ 46194.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4526.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10000 ⁰⁰

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.

Lori Klein Quinn
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Lori Klein Quinn this the 7 day of April, 2022, to certify which, witness my hand and seal of office.
Tracy Lynn Garcia TRACY LYNN GARCIA Asst. City Secretary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is LORI KLEIN QUINN and my date of birth is [REDACTED]
 My address is [REDACTED] Tomball Tx, 77375 HARRIS
 (street) (city) (state) (zip code) (country)
 Executed in HARRIS County, State of TEXAS, on the 7 day of APRIL, 2022
 (month) (year)
Lori Klein Quinn
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

LORI Klein QUINN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5255 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10000 ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10728.23
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD <i>Charged</i>	\$ 17732.94
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS <i>paid</i>	\$ 17732.94
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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:

pg 1 of 7

2 FILER NAME

LORI Klein QUINN

3 Filer ID (Ethics Commission Filers)

4 Date

2/23/22

5 Full name of contributor

Trigg LUPHER

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 250

Contributor address: City: State: Zip Code

TOMBALL, TX 77375

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/22/22

Full name of contributor

ANNA RUTH Klein

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address: City: State: Zip Code

TOMBALL, TX 77375

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/22

Full name of contributor

CHARLOTTE Verlon KIEL

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50

Contributor address: City: State: Zip Code

TOMBALL, TX 77375

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/22

Full name of contributor

WILLIAM CARDEVIELLE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500

Contributor address: City: State: Zip Code

CYPRESS, TX 77433

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.

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:

pp 2 of 7

2 FILER NAME

LORI Klein QUINN

3 Filer ID (Ethics Commission Filers)

4 Date

2/21/22

5 Full name of contributor

out-of-state PAC (ID#: _____)

CARL KLEIMANN

7 Amount of contribution (\$)

\$ 150

6 Contributor address:

City:

State; Zip Code

TOMBALL, TX 77375

8 Principal occupation

9 Employer (See Instructions)

Date

2/24/22

Full name of contributor

out-of-state PAC (ID#: _____)

Allie M. Fuerst

Amount of contribution (\$)

\$ 600

Contributor address:

City:

State; Zip Code

TOMBALL, TX 77375

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/22

Full name of contributor

out-of-state PAC (ID#: _____)

SALLIE FISHER & HOWARD USREY

Amount of contribution (\$)

\$ 200

Contributor address:

City:

State; Zip Code

TOMBALL, TX 77375

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/22

Full name of contributor

out-of-state PAC (ID#: _____)

RODNEY HUTSON

Amount of contribution (\$)

\$ 500

Contributor address:

City:

State; Zip Code

MAGNOLIA, TX 77354

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.

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:

Pg 3 of 7

2 FILER NAME

LORI Klein QUINN

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/22

5 Full name of contributor

out-of-state PAC (ID#: _____)

HARRY & LINDA SWEARS

7 Amount of contribution (\$)

\$ 500

6 Contributor address:

City:

State; Zip Code

Spring, TX 77389

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/25/22

Full name of contributor

out-of-state PAC (ID#: _____)

Sherrie MATTSON

Amount of contribution (\$)

\$ 100

Contributor address:

City:

State; Zip Code

TOMBALL, TX 77375

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/22

Full name of contributor

out-of-state PAC (ID#: _____)

DAVID & MILLIE MARTIN

Amount of contribution (\$)

\$ 100

Contributor address:

City:

State; Zip Code

TOMBALL, TX 77375

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/15/22

Full name of contributor

out-of-state PAC (ID#: _____)

SAM & PAM MURRAY

Amount of contribution (\$)

\$ 30

Contributor address:

City:

State; Zip Code

TOMBALL, TX 77375

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.

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:

pg 4 of 7

2 FILER NAME

LORI Klein QUINN

3 Filer ID (Ethics Commission Filers)

4 Date

2/21/22

5 Full name of contributor

Shirley Meyer

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 25.00

6 Contributor address;

City; State; Zip Code

Tomball, Tx 77375

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/23/22

Full name of contributor

MARY WHITAKER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

State; Zip Code

Tomball, Tx 77375

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/22

Full name of contributor

MARVIN & Trudise RATHKE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

City; State; Zip Code

Tomball, Tx 77325

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/22

Full name of contributor

Matthew & Kim Klein

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1000

Contributor address;

City; State; Zip Code

Tomball, Tx 77375

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.

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:

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2 FILER NAME

LORI KLEIN QUINN

3 Filer ID (Ethics Commission Filers)

4 Date

2/21/22

5 Full name of contributor

out-of-state PAC (ID#: _____)

DANA & JOE DANIELS

7 Amount of contribution (\$)

\$ 25.00

6 Contributor address;

City;

State; Zip Code

TOMBALL, TX 77375

8 Principal occupation

9 Employer (See Instructions)

Date

2/22/22

Full name of contributor

out-of-state PAC (ID#: _____)

Rhondee DAMON

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State; Zip Code

TOMBALL, TX 77375

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/22

Full name of contributor

out-of-state PAC (ID#: _____)

JAMES & MARILYN DUNAGIN

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State; Zip Code

TOMBALL, TX 77375

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/22

Full name of contributor

out-of-state PAC (ID#: _____)

MARY SCOTT

Amount of contribution (\$)

\$ 250

Contributor address;

City;

State; Zip Code

TOMBALL, TX 77375

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.

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:

pg 6 of 7

2 FILER NAME

LORI Klein QUINN

3 Filer ID (Ethics Commission Filers)

4 Date

3/15/22

5 Full name of contributor

GAIL SCHUBOT

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100

6 Contributor address;

City;

State;

Zip Code

[REDACTED] Cypress, TX 77433

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/22

Full name of contributor

BECKY RANDALL Loving

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50

Contributor address;

City;

State;

Zip Code

[REDACTED] Tomball, TX 77375

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/5/22

Full name of contributor

JERRIE NICHOLSON

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50

Contributor address;

City;

State;

Zip Code

[REDACTED] Tomball, TX 77375

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/22

Full name of contributor

PAUL & LINDA PIZZI

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

[REDACTED] Tomball, TX 77375

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.

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: pg 7 of 7
2 FILER NAME LORI Klein QUINN		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD Broussard	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code [REDACTED] DR. SPRING, TX 77379		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA Covington	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code [REDACTED] TOMBALL, TX 77375		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEVERLY COWAN	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code [REDACTED] TOMBALL, TX 77375		
Principal occupation / Job title (See Instructions)		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.

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 FILER NAME Lori Klein QUINN		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ _____
5 Date of loan 10/20/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori Klein QUINN	9 Loan Amount (\$) 10000.00
6 Is lender a financial institution? Y @	8 Lender address; City; State; Zip Code [REDACTED] LOMBARD, TX 77375	10 Interest rate 0.00
		11 Maturity date 0.00
12 Principal occupation / Job title (See Instructions) RETIRED		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: <i>2 1093</i>	2 FILER NAME <i>LORI KLEIN QUINN</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/9/22</i>	5 Payee name <i>ALPHA GRAPHICS</i>	
6 Amount (\$) <i>\$ 5908⁷³</i>	[REDACTED]	State; Zip Code <i>Spring, TX 77375</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	(b) Description <i>Mailing to Tomoall voters</i>
	(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	Office sought Office held
Date <i>2/23/22</i>	Payee name <i>Primetime DJ</i>	
Amount (\$) <i>\$ 600⁰⁰</i>	[REDACTED]	State; Zip Code <i>Spring, TX 77306</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>DJ</i>
	<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 <i>2/23/22</i>	Payee name <i>UP UP AWAY BALLOONS</i>	
Amount (\$) <i>\$ 542.50</i>	Payee address: <i>[REDACTED]</i>	City; State; Zip Code <i>Tomball, TX 77377</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Balloon Decorations</i>
	<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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: pg 2 of 3	2 FILER NAME LORI KLEIN QUINN	3 Filer ID (Ethics Commission Filers)
4 Date: 2/15	5 Payee name PIONEER BANK	
6 Amount (\$): 27.00	7 Payee address: [REDACTED]	City: State: Zip Code Tomball, TX 77375
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description fee for checks ordered
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 3/2/2002	Payee name Double S Studios		
Amount (\$): 600.00	Payee address: [REDACTED]	City: State: Zip Code Spring, TX 77379	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expenses	Description BRAND Development	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 3/2/02	Payee name ELLAS GARDEN		
Amount (\$): 1200.00	Payee address: [REDACTED]	City: State: Zip Code Tomball, TX 77375	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description DEPOSIT FOR WATCH PARTY	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | 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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: pg 3 of 3	2 FILER NAME LORI KLEIN QUINN	3 Filer ID (Ethics Commission Filers)
4 Date 3/28/22	5 Payee name DOUBLE S STUDIOS	
6 Amount (\$) 600 ⁰⁰	7 Payee address; Zip Code [REDACTED]; Spring, TX 72775	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Website Design
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/5/2022	Payee name JONETTA STUDIOS
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Amount (\$) \$ 750 ⁰⁰	Payee address; [REDACTED]	City; MAGNOLIA, TX	State;	Zip Code 77354
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description CAMPAIGN VIDEOS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1 of 4	2 FILER NAME LORI Klein QUINN	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 209.78
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5 Date 2/23/22	6 Payee name TOMBALL Rental Center
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7 Amount (\$) 239.34	State: Zip Code Tomball, TX 77375
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description RENTAL of Table Cloths, Skirting
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/22/22	Payee name Alphagraphics
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Amount (\$) 5123.09	State: Zip Code Spring, TX 77379
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING Expense	Description SIGNS, buttons, postcards, door hangers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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 F4: 2 of 4	2 FILER NAME LORI KLEIN QUINN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 9/15/22	6 Payee name Community Impact Newspaper	
7 Amount (\$) 1148.22	8 [Redacted] ROUND ROCK, TX 78665	State; Zip Code
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 Exp.	(b) Description INSERT IN PAPER
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/1/22	Payee name TOMBALL PRINT AND COPY	
Amount (\$) 1805.66	[Redacted]	City: State; Zip Code TOMBALL, TEXAS 77375
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T SHIRTS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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 F4: 3 of 4	2 FILER NAME LORI Klein QUINN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 2/17/22	6 Payee name Up Up & AWAY Balloons	
7 Amount (\$) \$ 577.50	8 [Redacted]	State; Zip Code Tomball, TX 77377
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) Event Expense	(b) Description Balloon CREATIONS
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 2/18/22	Payee name Alphagraphics	
Amount (\$) \$ 5710.35	[Redacted]	State; Zip Code Spring, TX 77375
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expens	Description BIO AND POSTCARDS AND MORE SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F4: 4 of 4	2 FILER NAME LORI KLEIN QUINN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 2/23/22	6 Payee name MARKET STREET CAFE	
7 Amount (\$) 2919.00	State: TX Zip Code: 77875 TOMBALL, TX 77875	
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)	(b) Description
	Event Expense Kick off party	
(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	Office sought 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
	<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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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: 1	2 FILER NAME LORI KLEIN QUINN	3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2022	5 Payee name AMERICAN EXPRESS	
6 Amount (\$) 111.22.25 <input type="checkbox"/> Reimbursement from political contributions intended	7 Pa [REDACTED] DALLAS, TX 75265	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution MADE by candidate	(b) Description Payment of CREDIT card bill (see 74)
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/4/2022	Payee name AMERICAN EXPRESS	
Amount (\$) 6610.19 <input type="checkbox"/> Reimbursement from political contributions intended	[REDACTED] DALLAS, TX 75265	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION MADE BY CANDIDATE	Description PAYMENT OF CREDIT CARD (see 74)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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