

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME KRISTEN D. MALONE 16 Filer ID (Ethics Commission Filers)

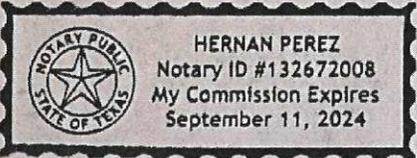
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,410.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>457.85</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,952.15</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kristen D Malone this the 26 day of April

20 21, to certify which, witness my hand and seal of office.

[Handwritten Signature] Hernan Perez Notary Public
Signature of officer administering oath Printed name of officer administering oath 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

KRISTEN D. MALONE

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,410.00</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>457.85</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: <i>1 of 4</i>
2 FILER NAME <i>KRISTEN D. MALONE</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/21</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>KRISTEN MALONE</i>	7 Amount of contribution (\$) <i>\$ 200.00</i>
6 Contributor address; City; State; Zip Code <i>2123 SOUTH FOUNTAIN VALLEY MISSOURI CITY TX. 77459</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3/8/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>CATHERINE PLUMB</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>2815 EAST PEBBLE BEACH MISSOURI CITY, TX. 77459</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/30/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>ANGELA KONGER</i>	Amount of contribution (\$) <i>\$ 200.00</i>
Contributor address; City; State; Zip Code <i>3951 PLEASANT VALLEY DRIVE MISSOURI CITY, TX. 77459</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/1/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>KRISTEN MALONE</i>	Amount of contribution (\$) <i>\$ 10.00</i>
Contributor address; City; State; Zip Code <i>2123 SOUTH FOUNTAIN VALLEY DRIVE MISSOURI CITY TX. 77459</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 4
2 FILER NAME KRISTEN D. MALONE		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/21	5 Full name of contributor out-of-state PAC (ID# _____) JENNA PITTMAN	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/21	Full name of contributor out-of-state PAC (ID# _____) JULIA HARDY	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/21	Full name of contributor out-of-state PAC (ID# _____) KIMBERLY MEMORIS	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/21	Full name of contributor out-of-state PAC (ID# _____) ALBERT MOPPELT	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 4
2 FILER NAME KRISTEN D. MALONE		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/21	5 Full name of contributor out-of-state PAC (ID# _____) CATHERINE ZAUFEL	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/21	Full name of contributor out-of-state PAC (ID# _____) LAWRENCE BELL	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/21	Full name of contributor out-of-state PAC (ID# _____) MELISSA GRANAWAY	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/21	Full name of contributor out-of-state PAC (ID# _____) MIDDLEMAN MESSENGER, INC.	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 4
2 FILER NAME KRISTEN D. MALONE		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/21	5 Full name of contributor out-of-state PAC (ID# _____) DR. ELISSA WEDEMAYER	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14/21	Full name of contributor out-of-state PAC (ID# _____) LEANN STIDHAM	Amount of contribution (\$) \$ 200.00
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)
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)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

1022

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 <i>2</i>	2 FILER NAME <i>KRISTEN A. MALONE</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/5/21</i>	5 Payee name <i>LOWES</i>	
6 Amount (\$) <i>\$45.34</i>	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>STAKES FOR BANNER</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/9/21</i>	Payee name <i>TRACTOR SUPPLY</i>	
Amount (\$) <i>\$355.25</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>POSTS FOR BANNER</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/19/21</i>	Payee name <i>GO DADDY</i>	
Amount (\$) <i>\$31.97</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OFFICE</i>	Description <i>OFFICE SUPPLIES</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

2 of 2

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:	2 FILER NAME <i>KRISTEN D. MALONE</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/22/21</i>	5 Payee name <i>FACEBK NAZYERST</i>
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6 Amount (\$) <i>\$10.00</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>OTHER</i>	(b) Description <i>OFFICE SUPPLIES</i>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/22/21</i>	Payee name <i>FACEBK NAZYERST</i>
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Amount (\$) <i>\$10.00</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OTHER</i>	Description <i>OFFICE SUPPLIES</i>
	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
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Date <i>4/1/21</i>	Payee name <i>PAYPAL</i>
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Amount (\$) <i>5.29</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ACCOUNTING/ BANKING</i>	Description <i>FEE</i>
	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
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