CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how to	complete this form.	1 Filer ID (Ethics Commission Filera	2 · Total pages f	lled:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs Nickname	FIRST Marie LAST Cohen	MI M SUFFDX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, 148 Quinton (APT / SUITE #; Cove Kyle, TX 7	CITY: STATE; ZIP CODE 8640		عري عن 2022 عن
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 902-1277	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MB / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	Daniel	E SUFFIX	Date Processed	
		Cohen		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (N 148 Quinton	O PO BOX PLEASE): APT / Cove Kyle, TX 7	suite #; city; 78640	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 656-3999	EXTENSION		
9 REPORT TYPE	January 15	30th day before 8th day before	L	treasurer (Officehol	after campaign appointment der Only) wort (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 21 / 21		th Day Ye	sar 2
11 ELECTION	ELECTION DAY	TE Year Prima 22 Gener	Descripti		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (I'R Hays County		ner Pct 2
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITU	NS ACCEPTED OR POLITICAL EXPENDITUR RES MAY HAVE BEEN MADE WITHOUT THE DUIRED TO REPORT THIS INFORMATION ONLY	CANDIDATE'S OR OFFICE	IOLDER'S KNOWLEDGE O
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN	REASURER NAME		
		COMMITTEE CAMPAIGN	TREASURER ADDRESS		
		GO T	O PAGE 2		

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Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME Aichelle Cohen	16	Filer ID (Ethics Commission Filers)
7 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)	\$ 1980.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1870.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI LAST DAY OF THE REPORTING PERIOD	^{HE} \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true a	nd correct and includes all informatic
re	quired to be reported by me under Title 15, Election Code.	
		date or Officeholder
(1) Aflidavit		
NOTARY STAMP/SE	AL	
Sworn to and subscribe	d before me by this the	day of
20, to certif	y which, witness my hand and seal of office.	
Signature of officer adminis	tering oath Printed name of officer administering oath	Title of officer administering oal
	OR	
(2) Unsworn Declara	tion	
My name is Mar	is Michelle Cohen_ and my date of birth is_	June 23, 1971
My address is 148	Quinter Cove ILgle T	K JEGAD USA
Executed in Hay		ate) (zip code) (country) MCVC, 20 92. (year)
	Signature of Candida	ate/Officeholder (Declarant)
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	elle Cohen		2	9 Filer ID (Ethics Con	nmiss	ion Filers)
	HEDULE SUBTOTALS		www			SUBTOTAL
1.	SCHEDULE A1:	MONETARY POLITICAL CONTRIBU	TIONS		\$	17 80,00
2.	SCHEDULE A2:	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			5	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS				\$	
4.	SCHEDULE E: LOANS				\$	200.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				\$	1395.03
6.	SCHEDULE F2:	UNPAID INCURRED OBLIGATIONS	1		\$	
7.	SCHEDULE F3:	PURCHASE OF INVESTMENTS N	ADE FROM POLITICAL CO	NTRIBUTIONS	\$	
8.	SCHEDULE F4:	EXPENDITURES MADE BY CREE	DIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				\$	475,95
10.	SCHEDULE H:	PAYMENT MADE FROM POLITICA	L CONTRIBUTIONS TO A B	USINESS OF C/OH	\$	
11.	SCHEDULEI: N	ON-POLITICAL EXPENDITURES MA	ADE FROM POLITICAL CON	TRIBUTIONS	\$	
12.	SCHEDULE K:	INTEREST, CREDITS, GAINS, REF	UNDS, AND CONTRIBUTIO	ONS RETURNED	\$	

Forms provided by Texas Ethics Commission

1110	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
	chelle Cohen		
Date	5 Full name of contributor out-of-state PAC (IE)#)	7 Amount of contribution (\$)
12/10/21		State; Zip Code	250.00
	331 Creekside Dr. Buda,	1	
-	pation / Job title (See Instructions) 9 chiatrist	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (II Lacy Waller	D#)	Amount of contribution (\$)
12/18/21	Contributor address; City; 115 Port South Dr. Kyle,	State: Zip Code TK 78640	25.00
Principal occur	patton / Job title (See Instructions)	Employer (See Instruct	
Politice	1 Consultant	Jinny Suh for	xT.
Date	Full name of contributor out-of-state PAC (I	D#)	Amount of contribution (\$)
12/11/21	Janes Jacobs Contributor address; City;	State; Zip Code	50.00
	446 Adoquin Trt. Buda.	7× 78610	
Principal occur Past	pation / Job title (See Instructions)	Employer (See Instruct Word of 17	
Dete			
12/12/21	Full name of contributor out-of-state PAC (Jason Tirado		
- IFIN	BD Main Street #4 Nyer	State; Zip Code	520.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	
	utive	Lishtware 1	nc.

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
M	richelle Cohen		
2/13/2(6 Full name of contributor out-of-state P Laura Cohen 6 Contributor address; City; 31 Farragut Dr. Brid	State; Zip Code	7 Amount of contribution (\$)
	upation / Job title (See Instructions)	9 Employer (See Instruct	
KR.	tei l	Home goods	
Dates 12/13/21	Full name of contributor out-of-state P Mony Penon Contributor address: City: 7705 Niederwold Stross	State; Zip Code	Amount of contribution (s)
	John Eupboyel	Employer (See Instruct	
Date 2 14 21	Full name of contributor out-of-state F Mark Salazov Contributor eddress; City; (6307 Bluff Springs Aust		Amount of contribution (\$) 25.00
	supation / Job title (See Instructions)	Employer (See Instruct	tions)
Ma	infacturing.	NXP	
Data 12-12-121	Full name of contributor out-of-state in Lacy Waller Contributor address; City; 115 Park South Dr. Kde	PAC (ID#) State: Zip Code TX 78640	Amount of contribution (\$)
	ful Censultent	Employer (See Instruct Dinny Suh	

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	hichelle Cohen	3 Filer ID (Ethics Commission Filers)
1 Date 1-(12/2/	5 Euli name of contributor out-of-state PAC (1D)	7 Amount of contribution (\$)
	etherel (See Instructions) 9 Employer (See Instru Acres	ctions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
1424/21	Contributor address; City; State; Zip Code P.O. Box 581 Kyle TX 78640	75.00
N	upation / Job title (See Instructions) Employer (See Instru Jocy Monaser Pri 3ress	
Dates 1224/21	Full name of contributor out-of-state PAC (1014 Davich Cohen Contributor address: City; State; Zip Code 231 Blanco Winberley 773676	Arrount of contribution (\$)
1	upation / Job title (See Instructions) Employer (See Instr Homey Self	uctions)
Dette 12/28/2	Full name of contributor out-of-state PAC (ID#:	Amount of contribution $($)$ 256.00
	Employer (See Instructions) Employer (See Instructions) Therapy	Center of Bucks

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 . Filer ID (Ethics Commission Filers) Michelle Colen 5 Full name of contributor out-of-slate PAC (ID#_ C C C 6 Contributor address; City; 4 Date 7 Amount of contribution (\$) 12/31/21 56.07 State: Zip Code Principal occupation / Job title (See instructions) ACCEPTING ACCEPTING Principal occupation / Job title (See instructions) ACCEPTING BENDOWN State Exployee Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Oicn a Gomez Contributor address; City; State; 25.00 State; Zip Code Loke 7× 78640 Employer (See Instructions) Principal occupation / Job title (See Instructions) Provicis Texas A hover Monger Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) Jill Ramirez Contributor address; City; State; Zip Code 5309 Presidio Rd. Austin 7 28745 12/21/21 60.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) LHCF 620 Full name of contributor Amount of contribution (\$) Date out-of-state PAC (ID# Michael Tobias Contributor address; City; 1/10/22 100.00 State; Zip Code Kyk 78640 221 Oxford Dr. 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.

Forms provided by Texas Ethics Commission

Revised 8/17/2020

The I	nstruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:
	richelle Coben		3 Filer ID (Ethics Commission Filers)
Date	6 Full name of contributor out-of-state PAC (1D) Morc Von Bree	State; Złp Code	7 Amount of contribution (\$) $\partial S = 0 \partial$
A		Employer (See Instruct	lons)
Date	Full name of contributor out-of-state PAC (ID Diane Shakthon Contributor address; City;		Amount of contribution (\$)
TUCILL	Contributor address; City; 231 CreeksickerDi. Budg	State; Zip Code TX 71400	180.00
	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Dates	Full name of contributor out-of-state PAC (IK Cel Garza Contributor address; City; 17203 Arcator AV. Pflugensi	State; ZIp Code	Amount of contribution $(\$)$ 50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	
Date 2/2/22	Full name of contributor out-of-state PAC (1) Christopher Orl Contributor address; City; MO2 Survidge Ct Austin	State; Zip Code	Amount of contribution $($)$
1)	The man of the set instructions)	Employer (See Instruct Dell ted	

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Michille Cohen	3 Filer ID (Ethics Commission Filers)
Date 2 15 2]	5 Full name of contributor out-of-state PAC (IDE:) David Doer 6 Contributor address; City; State; Zip Code 1192 Scrulers We X 78640	7 Amount of contribution (\$) 20.00
1	Der Cher See Instructions) 9 Employer (See Instructions) ALSD	ions)
Date 2/16/22	Full name of contributor out-of-state PAC (10#) Kristine Lilly Contributor address; City; State; Zip Code 285 Mc Garity Kyle X 78640	Arnount of contribution (\$)
	pation / Job title (See Instructions) Employer (See Instructions) + Exployed NSH Fr	
Date	Full name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occu	apation / Job title (See instructions) Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (IDIR) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions) Employer (See Instructions)	tions)

Revised 8/17/2020

The me	truction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
FILER NAME	lle Cohen		3 Filer ID (Ethics Commission Filem
TOTAL OF UNIT			\$ 200.00
Date of Ican 7) PAC (ID#)	9 Loan Amount (\$) 2004 CO
	Lender address; City; 148 Dur for Carr	State; Zip Code	10 Interest rate
YVN	0		P
2 Principal occupation Truin	/ Job title (See Instructions)	13 Employer (See Instructions) State Emplo	ogel
4 Description of Collate		15 Check if personal fun account (See Instruct	ds were deposited into political
INFORMATION	7 Name of guarantor 8 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
0 Principal Occupatio	n (See Instructions)	21 Employer (See Instructions)	
Detections	Name of lender out-of-stal	te PAC (ID#)	Loan Amount (\$)
Date of loan			
is lender a financial	Lender address; City;	State; Zip Code	Interest rate
is lender	Lender address; City;	State; Zip Code	Interest rate Maturity date
Is lender a financial institution?	Lender address; City; / Job title (See Instructions)	State; Zip Code Employer (See Instructions)	
Is lender a financial Institution? Y N Principel occupation Description of Collet	/ Job title (See Instructions)	Employer (See Instructions)	Maturity date
Is lender a financial institution?	/ Job title (See Instructions)	Employer (See Instructions) Check if personal fur	Maturity date
Is lender a financial Institution? Y N Principel occupation Description of Collet none GUARANTOR	/ Job title (See Instructions) eral Name of guarantor	Employer (See Instructions) Check if personal fur account (See Instruc	Maturity date Inds were deposited into political stions)

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/Benking Consulting Expense Constitutione/Donations Made By Candidate/Officeholder/Politicel Gradi Card Payment		Event Expen Fees Food/Beven Gift/Awards/ Legal Servic	ige Expense Memorials Expense as	Loan Repay Office Overt Polling Exp Printing Exp Salaries/Ma	ment/Reimbursement head/Rental Expense ense	Transports Travel in I Travel Ou	ation Equipr District t Of District	ng Expense nent & Related Expense ry not listed above)
Total pages Schedule F1:		3	Colen			3 Filer I	D (Ethics	Commission Filers)
Dete 1/3/22	5 Payee n	ame	22stax			1		
Amount (\$)	7 Payee a	ddress;			City;		State;	Zip Code
324.75	100	t21 C	old Mar	ncharca l	12. Au 12510	utin	x	28718
PURPOSE OF EXPENDITURE	-		erles listed at the top		(b) Description Political	signs	4×4	
	(c)	Check If travel	outside of Texas. Com	plete Schedule T.	Check if Au	itin, TX, office	holder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	8.4 1		holder name	He	office sought	Mission	~ At	Office held
Deto 1 4 2 2	Payee n	ame IX·CO	M					
Amount (\$)	Payee	iddress;		· · · · · · · · · · · · · · · · · · ·	City;		State;	Zip Code
25.85	160	N Mi	chigan	Ave-			FL	33 139
	Catego	ry (See Catego	ries listed at the top o	of this schedule)	Description			
PURPOSE OF EXPENDITURE	ott	er			websile			
		Check if travel	I outside of Texas. Com	plete Schedule T.	Check If Au	stin, TX, office	aholder livin	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Office	aholder name	Hay	Office sought	ulssiume	Pres	Office held
Date	Payee	name					- MA	
1/4/22	W	X. Or	n					_
Amount (\$)	Payee	address;	1.0.	1.0	City;		State;	Zip Code
20.56	16	or (in	ichisc	n fue.	Miami Be	ach	R	37139
- Arra - Arr	Catego	ry (See Catego	ories listed at the top	of this schedule)	Description			
PURPOSE OF EXPENDITURE	0)Hr			hebsi	ti Mi	.t.	
		Check if trave	al outside of Texas. Con	mplete Schedule T.	Check if A	ustin, TX, offic	eholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O		1 11 1	cipen	Hay	Office sought	mmissi	orier G	Office held
	1	TTACHAD	DITIONAL CO	PIES OF THIS	SCHEDULEASN			
Forms provided by Texas F	In les Commi	allen		wethics.state.tx.	110			Revised 8/17/20

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS 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 Office Overhead/Rental Expense Solicitation/Fundraising Expens Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidute/Officeholder/Political Com Travel in District Travel Out Of District Polling Expense Printing Expense Legal Services AM oes/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Miche he h 4 0 4 Date 5 Payee name 5 122 Juger City; State: **Zip Code** 6 Amount (\$) 7 Payee address; d Centre Blue #100 01200 28.61 78758 Austin (b) Description (a) Category (See Categories listed at the top of this schedule) 8 1 Yord Sign. PURPOSE Printing Expers OF EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct omissur RFZ expenditure to benefit C/OH Michell Hars Pavee name Date 1/11/22 istaprint City: State: Zip Code Amount (\$) Payee address; 169.50 Walthom 02451 275 Wy man street MA Category (See Categories listed at the top of this schedule) Description PURPOSE Devi house Trintin Seperle OF EXPENDITURE Check If travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Nicke Hays Count OMMUSSICH ohen Payee name Date 1 Super Cheop Signs 113 22 Payee address; City: State: Amount (\$) Zip Code waterfurd Ontre Blud. 9200 Austin TX 241.40 18758 Category (See Categories listed at the top of this achedule) Description PURPOSE Signs Printing Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Michelle or mmissimer late tai phen r-Lava ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED www.ethics.state.tx.us Revised 8/17/2020 Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Fees Food/Beverage Expense GM/Awards/Memorials E Polling Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe morials Expanse Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (entar a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 VIIC 4 Deale 18 22 5 Payee name Signs Juper City: 6 Amount (\$) 7 Payee address; State: **Zip Code** terford andre Blud ... 9700 107.17 Austin TX 78754 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Signs PURPOSE Printing Expert OF EXPENDITURE (C) Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH anti Commission Poto Michelle 6 Hays Date 118122 Hays Democratic Por City; State; Zip Code Payee address; Amount (\$) YY 215 W. Son Antonio SonMarios 78666 250.00 Category (See Categories listed at the top of this schedule) Description Ad PURPOSE Adwartining Expers OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH hichelle low onunssin Payee name Date 13122 Broadway Payee address; City; State: Zip Code Amount (\$) 5809 Kyle 78640 4.00 46 Category (See Categories listed at the top of this schedule) Description PURPOSE FR Bankin OF EXPENDITURE Check If travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder Sving expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Michelle (oher ound DHMISSiono ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Revised 8/17/2020 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

FROM POLIT	ICAL CONTRIBUTIONS	SCHEDULE F1
If the requested info	ormation is not applicable, DO NOT include this	page in the report.
	EXPENDITURE CATEGORIES FOR	R BOX 8(a)
dvertising Expense counting/Banking onsutting Expense onthibutions/Donations Made By Candidate/Officeholder/Political redit Cerd Payment	Fees Office Overhea Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expense	te Travel Out Of District MContract Labor Other (enter a cetegory not listed above)
Total pages Schedule F1:	2 FILER NAME Michelle Cohen	3 Filter ID (Ethics Commission Filers)
2 2 2 22	5 Payee name Chingonainc	
Amount (\$)	7 Payee address;	City: State: Zip Code
60.00	PD. Sox 464167 La	s Vegas Nr 89114
	(a) Catagory (See Catagories listed at the top of this schedule) (i	b) Description
PURPOSE OF EXPENDITURE	other	Design EWED
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, afficaholder living expense
Complete ONLY if direct expenditure to benefit C/O	H Michelle Cohur	Office sought Office held tays County Commission Putz
2/2/22	Payee name W.X. Com	
Amount (\$)	Payee address;	City; State; Zip Code
2056	1 Lear Michigan Ave.	Miani Beach FL 33139
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	other	Website Mint.
	Gheck if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Michelle Cohen Hays C	Office sought Office held Devty COMMISSION Potz
Date	Payee name	
2/14/22	Loues	
Amount (\$)	5753: ILyle Plewy	Lyle The 78640
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	stakes for signs at folling
	Check if travel outside of Taxas. Complete Schedule T.	Check If Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	OH Michelle Cohon Hay	Office sought Office held
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Forms provided by Texas E		

PERSONAL			SCHEDULE G		
If the requested info	ormation is not applicable, DO NOT include	this page in the re	eport.		
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
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Total pages Schedule G:	2 FILER NAME Michelle Costen		3 Filer ID (Ethics Commission Filers)		
Dete 2/1/22	5 Payee name Super Cheop Signs		1		
Amount (\$) 4775, 95 Reimbursement from political contributions intended	7 Payee address; 9200 Waterford Centre O Austingtx 78758	city: Wil	State; Zip Code		
PURPOSE	(a) Category (See Categories fisted at the top of this schedule)	(b) Description			
OF	Printing Expense	Signage			
EXPENDITORE	(C) Chuck If travel outside of Texas. Complete Schedule T.	Check if Aust	Austin, TX, officeholder living expense		
	Candidate / Officeholder name	Office sought	Office held		
penditure to benefit C/OH	Michelle Cohen	Heger Courts (onnision		
Date	Payee name				
Amount (\$) 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			
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Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check # travel outside of Texas. Complete Schedule T.	Check if Aut	stin, TX, atticeholder living expense		
Complete <u>ONLY</u> If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED		
orms provided by Texas E	Ethics Commission www.ethics.state	tx.us	Revised 8/17		