


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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Mrs	Marie	M			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX	Date Received RECEIVED FEB 23 2022 		
		Cohen				
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	148 Quinton Cove		Kyle, TX	78640		
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	(512)	902-1277				
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
	Mr	Daniel	E	Date Processed		
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Imaged		
		Cohen				
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	148 Quinton Cove Kyle, TX 78640					
10 PERIOD COVERED	(Residence or Business)					
	AREA CODE	PHONE NUMBER	EXTENSION			
11 ELECTION	(512)	656-3999				
	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
12 OFFICE	Month	Day	Year	Month	Day	Year
	1	21	21	THROUGH	2	21
13 OFFICE SOUGHT (if known)	ELECTION DATE	ELECTION TYPE				
	Month Day Year	<input checked="" type="checkbox"/> Primary Runoff Other Description General Special				
14 NOTICE FROM POLITICAL COMMITTEE(S)	3	1	22			
	OFFICE HELD (if any) OFFICE HELD (if any)					
Hays County Commissioner Pct 2						
Additional Pages	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					
	COMMITTEE CAMPAIGN TREASURER NAME					
SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Michelle Cohen

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)	\$ 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 DAY OF REPORTING PERIOD	\$
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.



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.

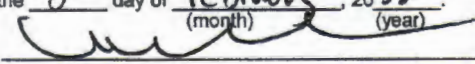
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Marie Michelle Cohen and my date of birth is June 23, 1971
 My address is 148 Quintan Cove Lytle TX 78640 USA
 (street) (city) (state) (zip code) (country)
 Executed in Hays County, State of Texas, on the 21 day of February, 2022
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Michelle Cohen****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1780.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$
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	\$ 475.95
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: 6
2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 12/10/21	5 Full name of contributor Diane Shaktman out-of-state PAC (ID#): 6 Contributor address; City; State; Zip Code 331 Creekside Dr. Buda, TX 78610	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions) Self
Date 12/10/21	Full name of contributor Lacy Waller out-of-state PAC (ID#): Contributor address; City; State; Zip Code 115 Park South Dr. Kyle, TX 78640	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions) Jimmy Suh for TX
Date 12/11/21	Full name of contributor James Jacobs out-of-state PAC (ID#): Contributor address; City; State; Zip Code 446 Adoquin Trl. Buda, TX 78610	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Word of Life
Date 12/12/21	Full name of contributor Jason Tirado out-of-state PAC (ID#): Contributor address; City; State; Zip Code 80 Main Street #4 Nyack NY 10960	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Lightware Inc.
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 12/13/21	5 Full name of contributor Laura Cohen out-of-state PAC (ID#): 6 Contributor address; City; State; Zip Code 31 Farragut Dr. Brick NJ 8723	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Retail		9 Employer (See Instructions) Home goods
Date 12/13/21	Full name of contributor Mary Pena out-of-state PAC (ID#): Contributor address; City; State; Zip Code 7705 Niederwald Street Kyle, TX 78640	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not employed
Date 12/14/21	Full name of contributor Mark Salazar out-of-state PAC (ID#): Contributor address; City; State; Zip Code 6307 Bluff Springs Austin, TX 78744	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Manufacturing		Employer (See Instructions) NXP
Date 12/21/21	Full name of contributor Lacy Waller out-of-state PAC (ID#): Contributor address; City; State; Zip Code 115 Park South Dr. Killebrew TX 78640	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions) Jinny Suh PC TX
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 11/22/21	5 Full name of contributor Barbara Butler out-of-state PAC (ID#: 6 Contributor address; 16 Malaga Circle Hot Springs, AR 71909 City; State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 11/24/21	Full name of contributor Diana Gomez out-of-state PAC (ID#: Contributor address; P.O. Box 581 Kyle TX 78640 City; State; Zip Code	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Advocacy Manager		Employer (See Instructions) Progress TX
Date 12/24/21	Full name of contributor David Cohen out-of-state PAC (ID#: Contributor address; 231 Blanco Wimberley TX 78676 City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/28/21	Full name of contributor Amy Grant out-of-state PAC (ID#: Contributor address; 339 Oyster Creek Buda TX 78610 City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Therapy Center of Buda
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/21	5 Full name of contributor Cel Garza out-of-state PAC (ID#): 6 Contributor address; 17203 Arcata Ave. Pflugerville, TX 78660 City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) State Employee
Date 12/31/21	Full name of contributor Diana Gomez out-of-state PAC (ID#): Contributor address; P.O. Box 581 City; Kyle State; TX Zip Code 78640	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Accuracy Manager		Employer (See Instructions) Prograss Texas
Date 4/21/21	Full name of contributor Jill Ramirez out-of-state PAC (ID#): Contributor address; 5309 Presidio Rd. Austin TX 78745 City; State; TX Zip Code 78745	Amount of contribution (\$) 60.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) LHCF
Date 1/10/22	Full name of contributor Michael Tobias out-of-state PAC (ID#): Contributor address; 221 Oxford Dr. City; Kyle State; TX Zip Code 78640	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) TCSO
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: 6
2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 1/13/22	5 Full name of contributor out-of-state PAC (ID#: Marc Van Bree 6 Contributor address; City; State; Zip Code 322 Fletcher Bend Buda, TX 78610	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Auctone
Date 1/22/22	Full name of contributor out-of-state PAC (ID#: Diane Shaktan Contributor address; City; State; Zip Code 231 Creekside Dr. Buda TX 78610	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) self
Date 1/31/22	Full name of contributor out-of-state PAC (ID#: Cel Garza Contributor address; City; State; Zip Code 17203 Arcata Av. Pflugerville TX 78660	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) state of texas
Date 2/2/22	Full name of contributor out-of-state PAC (ID#: Christopher Coy Contributor address; City; State; Zip Code 4702 Sunridge Ct Austin TX 78741	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Bell technologies
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: <div style="text-align: center; font-size: 1.5em;">6</div>
2 FILER NAME <div style="font-size: 1.2em;">Michelle Cohen</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">2/15/22</div>	5 Full name of contributor out-of-state PAC (ID#: <div style="font-size: 1.2em;">David Doerr</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">20.00</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">1192 Sanders Kyle TX 78640</div>		
8 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">teacher</div>		9 Employer (See Instructions) <div style="font-size: 1.2em;">A151</div>
Date <div style="font-size: 1.2em;">2/16/22</div>	Full name of contributor out-of-state PAC (ID#: <div style="font-size: 1.2em;">Kristine Lilly</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">25.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">285 McGarity Kyle TX 78640</div>		
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Not Employed</div>		Employer (See Instructions) <div style="font-size: 1.2em;">Not Employed</div>
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)
<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>		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 200.00
5 Date of loan 1/10/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Michelle Cohen	9 Loan Amount (\$) 200.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 148 Duntan Car Kyle, TX 78640	10 Interest rate 0
		11 Maturity date 0
12 Principal occupation / Job title (See Instructions) Trainer		13 Employer (See Instructions) State Employee
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 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)
<hr/>		
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<hr/>		
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
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: 4		2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)	
4 Date 1/3/22		5 Payee name Signs Express			
6 Amount (\$) 324.75		7 Payee address; City; State; Zip Code 10421 Old Manchaca Rd. Austin TX 78718 TX 78718			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Political Signs 4x4		
	(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 Michelle Cohen		Office sought Hays County Commissioner Pct 2	
Date 1/4/22		Payee name wix.com			
Amount (\$) 25.85		Payee address; City; State; Zip Code 1691 Michigan Ave. FL 33139			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description website		
	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 Michelle Cohen		Office sought Hays County Commissioner Pct 2	
Date 1/4/22		Payee name wix.com			
Amount (\$) 20.56		Payee address; City; State; Zip Code 1691 Michigan Ave. Miami Beach FL 33139			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description website maint.		
	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 Michelle Cohen		Office sought Hays County Commissioner Pct 2	

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 Expenses	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: 4		2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)	
4 Date 1/5/22		5 Payee name Super Cheap Signs			
6 Amount (\$) 28.61		7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd #100 Austin TX 78758			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description 1 Yard Sign.		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held Michelle Cohen Hays County Commissioner Rtz			
Date 1/11/22		Payee name Vistaprint			
Amount (\$) 169.50		Payee address; City; State; Zip Code 275 Wymen Street Waltham MA 02451			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Door hanger		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held Michelle Cohen Hays County Commissioner Rtz			
Date 1/13/22		Payee name Super Cheap Signs			
Amount (\$) 241.40		Payee address; City; State; Zip Code 9200 Waterford Centre Blvd. #100 Austin TX 78758			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Signs		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held Michelle Cohen Hays County Commissioner Rtz			

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: 4		2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)	
4 Date 1/18/22		5 Payee name Super Cheap Signs			
6 Amount (\$) 107.17		7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd. #100 Austin TX 78754			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Signs		
	(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 Michelle Cohen		Office sought Hays County Commissioner Pritz	
Date 1/18/22		Payee name Hays Democratic Party			
Amount (\$) 250.00		Payee address; City; State; Zip Code 215 W. San Antonio San Marcos TX 78666			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Ad		
	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 Michelle Cohen		Office sought Hays County Commissioner Pritz	
Date 1/31/22		Payee name Broadway Bank			
Amount (\$) 4.00		Payee address; City; State; Zip Code 5809 Kyle Pkwy Kyle TX 78640			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking		Description Fee		
	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 Michelle Cohen		Office sought Hays County Commissioner Pritz	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 4	2 FILER NAME Michelle Cohen	3 Filer ID (Ethics Commission Filers)
4 Date 2/2/22	5 Payee name Chingonaine	
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code P.O. Box 46467 Las Vegas NV 89114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description Design & more
	(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 Michelle Cohen	Office sought Hays County Commissioner Pate
Date 2/2/22	Payee name Wx.com	
Amount (\$) 2056	Payee address; City; State; Zip Code 1641 Michigan Ave. Miami Beach FL 33139	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description Website mnd.
	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 Michelle Cohen	Office sought Hays County Commissioner Pate
Date 2/14/22	Payee name Lowe's	
Amount (\$) 14263	Payee address; City; State; Zip Code 5753 Kyle Pkwy Kyle TX 78640	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description stakes for signs at rally
	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 Michelle Cohen	Office sought Hays County Commissioner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Michelle Cohen	3 Filer ID (Ethics Commission Filers)
4 Date 2/1/22	5 Payee name Super Cheap Signs	
6 Amount (\$) 475.95 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Austin TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signage
	(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 Michelle Cohen	Office sought Hays County Commissioner
Date Payee name		
Amount (\$) <small>Reimbursement from political contributions intended</small>	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
Date Payee name		
Amount (\$) <small>Reimbursement from political contributions intended</small>	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
Date Payee name		
Amount (\$) <small>Reimbursement from political contributions intended</small>	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED