

# 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 Mrs	FIRST Marie	MI M	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; color: blue;">JAN 18 2022</div> <span style="color: blue;">CP</span>		
	NICKNAME	LAST Cohen	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:			
	148 Quinton Cove		Kyle, TX 78640			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512 )	PHONE NUMBER 902-1277	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Daniel	MI M	Receipt #		
	NICKNAME	LAST Cohen	SUFFIX	Amount \$		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:		CITY:	STATE:	ZIP CODE	
	148 Quinton Cove		Kyle	TX	78640	
8 CAMPAIGN TREASURER PHONE	AREA CODE (512 )	PHONE NUMBER 656-3999	EXTENSION	Date Processed		
9 REPORT TYPE	<input checked="" 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 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	Month	Day	Year
	7	1	21	THROUGH	12	31 / 21
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	3	1	22	<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
			Hays County Commissioner Pct 2			
14 NOTICE FROM POLITICAL COMMITTEE(S)  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				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

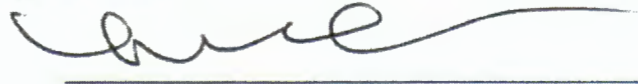
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Dr Michelle Cohen		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,360.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.



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 6/23/71  
 My address is 148 Quinter Cove Kyle TX 78640 USA  
(street) (city) (state) (zip code) (country)  
 Executed in Hays County, State of Texas, on the 17 day of January, 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	\$ 1,360.00
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	\$
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:
2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Diane Shaktman 6 Contributor address; City; State; Zip Code 331 Creekside Dr, Buda, TX 78610	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions) psychiatrist		9 Employer (See Instructions) self
Date 12/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Lacy Waller Contributor address; City; State; Zip Code 115 Park South Dr. Kyle, TX 78640	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions) Political consultant		Employer (See Instructions) Jinny Suh
Date 12/11/2021	Full name of contributor out-of-state PAC (ID#: _____) James Jacobs Contributor address; City; State; Zip Code 446 Adoquin Trl, Buda, TX 78610	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Word of Life
Date 12/13/2021	Full name of contributor out-of-state PAC (ID#: _____) Jason Tirado Contributor address; City; State; Zip Code 80 Main Street, #4 Nyack, NY 10960	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Lightware
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:
2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 12/13/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Lauren Cohen 6 Contributor address; City; State; Zip Code 31 Farragat Drive, Brick, NJ 08723	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions) Retail		9 Employer (See Instructions) Homegoods
Date 12/13/2021	Full name of contributor out-of-state PAC (ID#: _____) Mary Pena Contributor address; City; State; Zip Code 7705 Niederwald Strasse, Kyle, TX 78640	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 12/14/2021	Full name of contributor out-of-state PAC (ID#: _____) Mark Salazar Contributor address; City; State; Zip Code 6307 Bluff Springs Rd., Austin, TX 78744	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Manufacturing		Employer (See Instructions) NXP
Date 12/21/2021	Full name of contributor out-of-state PAC (ID#: _____) Lacy Waller Contributor address; City; State; Zip Code 115 Park South Dr. Kyle, TX 78640	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions) Jinny Suh

**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:
2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 12/22/2021	5 Full name of contributor out-of-state PAC (ID# _____) Barbara Butler	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code 16 Malaga Circle, Hot Springs, AR 71909		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 12/24/2021	Full name of contributor out-of-state PAC (ID# _____) Diana Gomez	Amount of contribution (\$) <b>75.00</b>
Contributor address; City; State; Zip Code P.O. Box 581, Kyle, TX 78640		
Principal occupation / Job title (See Instructions) Advocacy Manager		Employer (See Instructions) Progress Texas
Date 12/24/2021	Full name of contributor out-of-state PAC (ID# _____) David Cohen	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code 231 Blanco, Wimberly, TX 78676		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/28/2021	Full name of contributor out-of-state PAC (ID# _____) Amy Grant	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code 339 Oyster Creek, Buda, TX 78610		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Therapy Center of Buda
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  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:
2 FILER NAME <b>Michelle Cohen</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/31/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Cel Garza</b> 6 Contributor address; City; State; Zip Code <b>17203 Arcata Avery, Pflugerville, TX 78660</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions) <b>Accountant</b>		9 Employer (See Instructions) <b>State of Texas</b>
Date <b>12/31/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Diana Gomez</b> Contributor address; City; State; Zip Code <b>P.O, Box 581, Kyle, TX 78640</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) <b>Advocacy Manager</b>		Employer (See Instructions) <b>Progress Texas</b>
Date <b>12/31/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jill Ramirez</b> Contributor address; City; State; Zip Code <b>5309 Presidio Rd., Austin, TX 78745</b>	Amount of contribution (\$) <b>60.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		