#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR FIRST ME OFFICE USE ONLY **OFFICEHOLDER** Marie M Mrs NAME Date Received NICKNAME LAST SUFFE Cohen Received 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; ZIP CODE CITY: STATE: **OFFICEHOLDER** TX 78640 148 Quinton Cove Kyle JUI 14 2022 MAILING. **ADDRESS** Elections Office Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION OFFICEHOLDER** (512)512-902-1277 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN TREASURER Mr. Daniel E Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Cohen STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: ZIP CODE STATE: CAMPAIGN TREASURER 148 Quinton Cove TX Kyle 78640 **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER CAMPAIGN TREASURER PHONE 656-3999 (512 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month Day Month Year COVERED 7 15 / 22 / 21 / 21 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Runoff Primary Other Description Month General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Hays County Commissioner Pct 2 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

3/1111 /11O1		
15 C/OH NAME Michelle Cohen	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 2,594.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,314.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ 280.96
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true and	d correct and includes all information
	quired to be reported by me under Title 15, Election Code.	
	Que	
	Signature of Candid	ate or Officeholder
	Please complete either option below:	
	i icase complete etulei opuon below.	
(1) Affidavit		
NOTARY STAMP/SEA	Ł	
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 administr	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat		
My name is Man	Michelle Chen and my date of birth is J Orinton Cove Kyle, TX	13, 1971 18640, USA
wy address is	(street) (city) (state	
Executed in Hay	County, State of Texas, on the 13 day of (month)	, 20 <b>)2</b> (year)
	Signature of Candidate/	Officeholder (Declarant)
	Signature of Candidate/	Ourcelloide: (Decisialit)

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com			on Filers)
M	lichelle Cohen			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,594.00
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 CO	NTRIBUTIONS	\$	1,918.54
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 FUI	NDS	\$	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 CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
M:	chelle Cohen			
4 Date	5 Full name of contributor out-of-state PAI	; (no#:)	7 Amount of contribution (\$)	
12/10/21	Di ane Shaktman		250.00	
12 110 151	6 Contributor address; City;	State; Zip Code	2.00	
	331 Creekside Dr. Buda,	7x 78610		
1 -	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
134	chiatriot	Self		
Date	Full name of contributor out-of-state PA	: /ID#:		
Date	Lacy Waller		Amount of contribution (\$)	
12/18/21	Contributor address; City;	State; Zip Code	25.00	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	115 Park South Dr. Kyl	1	α, σ	
		,		
	pation / Job title (See Instructions)	Employer (See Instruct		
Politice	1 Consultant	Jinny Suh for	- XT	
Date	Full name of contributor out-of-state PAI	C (ID#:)	Amount of contribution (\$)	
12/11/21	James Jacobs		~ a)	
[~[u]~]	Contributor address; City;	State; Zip Code	50.00	
	446 AdoquinTH. Budo	01386 XT		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Past	<b>U</b> C	Word of li	fa	
Date	Full name of contributor out-of-state PAI	C (ID#:)	Amount of contribution (\$)	
12/2/21	Jeson Tirado Contributor address; City;	State; Zip Code	520.09	
·	80 Main Street #4 NVC			
	80 Mary 24 Street Hd 10 do	CK NY 10960		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	•	
Execu	utive	Lightwere 1	nc.	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

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		3 Filer ID (Ethics Commission Filers)		
M	ichelle Cohen			
4 Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7 Amount of contribution (\$)	
12/13/21	Laura Cohen		50.00	
121016(	6 Contributor address; City;	State; Zip Code		
	31 Farragut Dr. Bride	M2 8253		
		9 Employer (See Instruct		
لعا	ei \	Home goods		
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of contribution (\$)	
12/13/21	Mory Pena		05.00	
12/5/1	Contributor address; City;	State; Zip Code	32.00	
	7705 Niederwold Strown	Kyle, TX 786413		
	pation / Job title (See Instructions)	Employer (See Instructi		
	of Employed	Noten	rlaged	
Date	Full name of contributor out-of-state PAC (I	1D#:)	Amount of contribution (\$)	
1 1 1	Mark Salazor			
14/11/1	Mark Salazer  Contributor address; City;		25.00	
	6307 Bluff Springs Awting	TX 78744		
	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Man	Maduring !	NXP		
Date	Full name of contributor out-of-state PAC (I	ID#:	Amount of contribution (\$)	
1. lasta	Lacy Waller Contributor address; City;		25.43	
17-13-110	Contributor address; City;	State; Zip Code	25.00	
	115 Park South Dr. Kole -	PX 78640		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Oblifical Consultant Sinny Suh Par Di				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	hichelle Cohen		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC Borbara Butter	(ID#:	7 Amount of contribution (\$)	
14/12/21	6 Contributor address; City;	State; Zip Code	100.00	
	16 Malaga Circle HotSpri	45 AR 71969		
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
(1)	Diana Gomez			
1474/51	Contributor address; City;	State; Zip Code	75.00	
	P.O. Box 581 Kale -	TX 78640		
Α	pation / Job title (See Instructions)	Employer (See Instruc		
Holov	ocy Monager	Tro gress	rx X	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
12/24/21	Davic Cohen Contributor address; City;	State; Zip Code	100.001	
•	231 Blanco Wimberl	ey TX 78676		
	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date			Amount of control dis-	
. (	Amy Orant	, (LUSE:	Amount of contribution (\$)	
13/38/51	Contributor address; City;	State; Zip Code	250.00	
	339 Oyster Croek Budo	1 tx 78610		
	pation / Job title (See Instructions)	Employer (See Instru	enter of Bula	
	ATTACH ADDITIONAL COPIES			
	If contributor is out-of-state PAC, please see Instr	action guide for additional	reporting requirements.	

SCHEDULE A1

Th	e Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
2 FILER NAME	Michelle Colen		3 . Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
12/3/21	C<\ Garza  6 Contributor address; City;	State; Zip Code	50.00
	17203 Arcata Ave. Pfu	Iserville, TX 78660	
	upation / Job title (See Instructions)	9 Employer (See Instruct	
H CC	content	Stole Eupl	oyll
Date	Full name of contributor out-of-state P/		Amount of contribution (\$)
- hil-	Vian a Gomez	Cities - Zin Code	45 33
(3/21/51	Oich a Goinez  Contributor address; City;  P-0. Box 581 126	7× 78640	25.88
Principal occup	nation / Job title (See Instructions)  acy Monger	Employer (See Instruction Pro DICUS Texas	
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of contribution (\$)
4/21/21	Contributor address; City;	State; Zip Code	60.00
	5309 Presidiald. Austin	24CSC X	
Principal occupa	artion / Job title (See Instructions)	Employer (See Instruction	ons)
Date /	Full name of contributor, out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	1. 1	State; Zip Code	100.00
	221 Oxford Or. Kyk	7 76640	
Principal occupa	ntion / Job title (See Instructions)	Employer (See Instruction	(enc
ı	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED porting requirements

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages/Schedule A1:
2 FILER NAME	Michelle Cohen	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAG	7 Amount of contribution (\$)	
1113126	1	State; Zip Code	25.00
	322 Fletcher Berd Budg	JX 78610	
8 Principal occ.	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Mar	Ketiny	Auctore	
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
1/22/22	Oiane Shalthon Contributor address; City;	State; Zip Code	180.00
	231 Creeksida Or. Buda	TX 71610	
, n	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Poyc	chiatrist	Self	
Date		: (ID#:)	Amount of contribution (\$)
1/31/22	Contributor address; City;	State; Zip Code	20.00
	Cel Garza  Contributor address; City; 17203 Arcata Av. Pfluger	will TK 7x660	
۸.	pation / Job title (See Instructions)	Employer (See Instruct	•
Acco	ntut	state of +	eka j
Date	Full name of contributor out-of-state PAC	(10#:)	Amount of contribution (\$)
2/2/22	Christopher Coy		
Thia	Christopher Oul Contributor address; City:	State; Zip Code	100.00
	4702 Sunridge Ct Awatin	1418 NO	
()	ation / Job title (See Instructions)	Employer (See Instruct	
1 rosk	em Marage	Dell tech	mg (GHZ)
	ATTACH ADDITIONAL COPIES O		
	If contributor is out-of-state PAC, please see Instru	ction guide for additional r	eporting requirements.

## SCHEDULE A1

The	instruction Guide explains how to complete t	his form.	1 Total panes Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
,	Wichle Cohen					
4 Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)			
	David Doer					
21521			20.00			
11317	6 Contributor address; City;	State; Zip Code				
	1192 Sonders Kyle	XX 78649				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
tea	cher	GSIA				
Date	Full name of contributor out-of-state	PAG (IUR:)	Amount of contribution (\$)			
2 14/27	Cristine Lilly Contributor address; City;		25.00			
2110120	Contributor address; City;	State; Zip Code	× 2.0-			
	285 Mc Garity Kyle	X 78640				
	vation / Job title (See Instructions)	Employer (See Instruc	1 ' •			
N 9-	+ Euplosed	NST FN	rloge			
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)			
3/3/22			yandan oi contabbasin (a)			
212150	Michael kiner		75.00			
٠.	Contributor address; City;	State; Zip Code	75.00			
	8701-A Trane Circle Austin	JX 78758				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Come	Specialist	Tx Stake 1	<i>Jaiversity</i>			
Oroca	Pacione					
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)			
<b>a</b> 1.	Jessica Vena		250 (11)			
3/3/20	Contributor address; City;	State; Zip Code	250.00			
11910	Contributor address; City; 12 600 5 1H35 mut Austin	VX 78747				
	1340 1,001	<u> </u>				
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc				
Mana	gner !	1 stake of	Texas			
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	NEEDED			
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

### SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME	e Colun		3 Filer ID (Ethics Commission Filers)	
4 Date		C (ID#:)	7 Amount of contribution (\$)	
3/5/22	6 Contributor address; City;	State; Zip Code	10.00	
	Po Box 966 Kelo	TX 78640		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Lau	Conterre ment	100		
Date	Full name of contributor out-of-state PA	C (ID#)	Amount of contribution (\$)	
3/12/5	David Doerr Contributor address; City:	State; Zip Code	25.00	
	1192 Sanders Kyle	X 78640		
Principal occur	oatjon / Job title (See Instructions)	Employer (See Instruct	ions)	
tea	cher	Austin (SI	)	
		1001110		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Claire O'neal			
ماماد	Ciant Ones.	O-1	10> -/	
3/25/22	Contributor address; City;	State; Zip Code	100.ev	
• ,	Contributor address; City; 7913 Beacon Knob Way Aust	m, xx 787441		
Principathoccus	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
lec	l i	Texas Al		
<u>  CC</u>	1) fer	JENEU HI	C .	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
4	T: 1/2 1		(4)	
11/01		Ohalan 71- Ohalan	0 = 0	
115/72	Contributor address; City;	State; Zip Code	250.00	
1 10	150 Schmidt ble	TX 78640		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ijons)	
Specia	Event Correlative	State	tona	
			& () ,	
	ATTACH ADDITIONAL COPIES			
	If contributor is out-of-state PAC, please see Instr	uction guide for additional i	reporting requirements.	

### SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:						
<sup>2</sup> FILER NAME Michelle C	Cohen		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Gwynne Juett		7 Amount of contribution (\$)			
05/06/2022	6 Contributor address; City; 305 Cottonwood Fredrickburg	State; Zip Code	4.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
not employed		not employed	,			
Date		PAC (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
Date		PAC (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
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	The instruction Guide explains how to complete this form.			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mich	relle Cohen			
4 TOTAL OF UN	NITEMIZED LOANS		\$ 200.00	
5 Date of loan	7 Name of lender out-of-state I	PAC (ID#:)	9 Loan Amount (\$)	
1/10/22	Michella Cohen		2000	
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate	
Institution?	148 Outhon Car	Lyle, TX 786410	11 Maturity date	
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
1 rai	rer	State Emple	ogl	
14 Description of Coll	lateral	Check if personal fun account (See Instruct	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
and amplicable		,		
not applicable  20 Principal Occupat	ion (Con Instructions)	21 Employer (See Instructions)		
20 Principal Occupat	don (See instructions)	2. Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
LYLIN				
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral		ds were deposited into political	
none account (See Instruc			ions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupation	on (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.				
(				

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 Mede By
Candidates/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Cradit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Michelle Colen	3	Filer ID (Ethics	Commission Filers)
4 Date 1/3 22	5 Payee name Signs Express			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
324.75	10421 old Manchara	11. Aw. ++510	tin TK	צועצר
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Political Si	ghs 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/Of	Candidate / Officeholder name  **Michalle Chan Ha	Office sought Tys Wenty WM	vission fle	Office held
Date	Payee name			
1/4/22	Wix.com			
Amount (\$)	Payee address;	City;	State;	Zip Code
25.85	1691 Michigan Ave-		FL	33 139
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	other	website		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name  1 Wichelle When Haye	Office sought S Courty (W NLM)S	sivner Parz	Office held
Date	Payee name			
1/4/55	Wix. on			
Amount (\$)	Payee address: Nichisch Aul.	City;	State;	Zip Code
20.56	1691 MONISON AVE.	Miami Beach	h R	37139
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	offer	bebute	. tun.	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name  Michelle Coven Hay	Office sought	missieriei (	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## SCHEDULE F1

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

	EX	PENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8) Candidate/Officeholder/Politics	Gift/Awen	erage Expense dsMemorials Expense	Office Over Polling Expo Printing Exp		Travel In District Travel Out Of Distri	pment & Related Expense
Credit Card Payment	The in:	struction Guide explai	ns how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	Cohen			3 Filer ID (Ethic	s Commission Filers)
4 Date 1 5 22	5 Payen name DISOS	Express				
6 Amount (\$)	7 Payee address;	`.		City;	State;	Zip Code
163.00	10451 019	Marchaea	RA.	Austin	X	78748
8	(a) Category (See Cate	egories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Pernting	Epense		Signs		
	(C) Check if tran	vel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Office	ceholdername	1	Office sought	(punus	office held her PetZ.
Date	Payee name					
1/5/22	Super	Cheap S	igns			
Amount (\$)	Payee address;	۸ . ۵	41	City;	State;	Zip Code
28.61	9200 Wak	erford Entre	Slud t	THUP OUT	*	JAZE
	Category (See Cate	gories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Printing	Expess		yord	.sign	
	Check if trav	el outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	ceholder name		HAY COW	h Commi	SSWLY POLZ
Date	Payee name					
1/11/22	Vistap	in				
Amount (\$)	Payee address;			City;	State;	Zip Code
NA.50	275 Wym	cn Street	$\mathcal{N}$	althan	MA	12450
PURPOSE OF EXPENDITURE	Category (Soo Category)	cories listed at the top of this :	schedule)	Description  Description	ngl	
To a contract of the contract	Check if trav	el outside of Texas. Complete S	ichedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate ( Offi	ceholder name	1	Office sought	A COM	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Gitl/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.

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1 Total pages Schedule F1:	2 FILER NAME Ny tello Cilen		3 Filer ID (Ethics Commission Filers)		
4 Date 1/12/22	5 Payenname				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
141.75	10421 dd Menchaca Rd. #570	Awtin	TX 76748		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Sign	.\$		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
1/13/22	Super Checp Signs	<b>&gt;</b>			
Amount (\$)	Payee address;	City;	State; Zip Code		
241.40	9200 Waterford Orner Blud.	Austin	757 8C Xt		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Experse	Sim	3		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder tiving expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held					
expenditure to benefit C/OF	' Michelle Cohen	Hays Com	ty Commission Petz		
Date	Payee name				
1/18/22	Super Cheop Signs		180		
Amount (\$)	Payee address;	City;	State; Zip Code		
107.17	9200 Woke Lord Contre Blad #11	oo Austin	TX 78758		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense	Sign			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder äving expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Hays Cow	By Commission Put 2		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

#### 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 Gitl/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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Pay State: Zip Code 6 Amount (\$) (b) Description 8 s listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH City; Zip Code State: 1864(1) es listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Taxas. 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 Pavee name Date Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate / Officeholder name

Office sought

Complete ONLY if direct expenditure to benefit C/OH

Office held

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 Git/Awards/Memonals 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.

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6 Amount (\$)	7 Payee address;	City;	State; Zip Code
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	offer	Design	kwiz 3
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder tiving expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Michelle Coher	Office sought Hays County Co	Office held
2/2/22	Payee name WiX-CoM		
Amount (\$)	Payee address;	City;	State; Zip Code
2056	1601 Michigan Ave.	Miani Beal	~ FL 33139
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	other	Website M	urd.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living expense
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expenditure to benefit C/OH	Michelle Cohen Hops	onty Commission	e Pote
Date	Payee name		
2/14/00	Louis		
Amount (\$)	Payee address;	City;	State; Zip Code
147 173	5753. Kyle Pkwy	Kyle	7/2 78640
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PURPOSE OF EXPENDITURE	Polling Experse	stakes for	signs at folling
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Michelle Cohon Hay	Couty Comnis	sier
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### 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/Officaholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/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)

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PURPOSE OF EXPENDITURE	Polline Expense	stokes		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name  Hay	Office sought	viss Por	Office held
Date	Payee name	···		
2/28/27	Broadway Book			
Amount (\$)	Payee address; O	City;	State;	Zip Code
4.00	5809 Kyle Parting	Kyle	TX -	786(10
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Taxas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Michelle Collet Ha	office sought of	MNIESK-P	Office held
Date	Payee name	J -		
3/2/22	Wix.com		Jeumps	
Amount (\$)	Payee address;	City;	State;	Zip Code
20.56	1691 Michigan Ave.	Michibea	ch FL	33139
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Websi	bout.	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	2 expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate & Officeholder name  Whell Ohen H	Office sought	mari Prz	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 Food/Beverage Expense Git/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: 2 FILER NAME

3 Filer ID (Ethics Commission Filers) 4 Date 34/22  $\alpha$ Zip Code City; 6 Amount (\$) 7 Payee address: Suny HIL Autrolia 52.00 116 Kippax St. (b) Description ories listed at the top of this schedule) 8 **PURPOSE** Cords OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name City; State: Zip Code Seatt o Description ategories listed at the top of this schedule) **PURPOSE** Int 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 Pavee name Amount (\$) City; State: Zip Code s listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate,/ Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Payee name  City: State: Zip Code  De Irray beach FL 33445  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name	Amount (\$)	Payee address;	City;	State; Zip Code	
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Amount (\$) Payee address; City; State; Zip Code  23.80 200 dd Comerhound De Iron beach FL 33441  PURPOSE OF EXPENDITURE  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 / Office bolder name  Office sought  Office held  Office held	H 20 22	Klar O ant	1 0		
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Category (See Category (See Categories listed at the top of this schedule)	Amount (\$)		City;	State; Zip Code	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Hall Court Corn	SIVA Z	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
Total pages Schedule F1:	2 FILER NAME Michelle Cohen		3 Filer ID (Éthic	s Commission Filers)
4 Date	5 Payee name			
04/26/2022	Broadway Bank			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.00	5809 Kyle Parkway	Kyle	TX	78640
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Banking Fee	bank fee		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholdername	Office sought	wiser Pct	Office held
Date	Payee name	1		
05/02/2022	Office Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
23.80	2200 Old Georgetown Rd	Delray Be	ach FL	33445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing	Description Cards		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name    Candidate / Officeholder name	Cont Coine	usioni Po	Office held
Date	Payee name			
05/04/2022	Wix.com			
Amount (\$)	Payee address;	City;	State;	Zip Code
20.56	1691 Michigan Ave.	Miami Bea	nch FL	33139
PURPOSE	Category (See Categories listed at the top of this schedule)  Other	Description website mnt		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder livin	д ехрепѕе
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  H. Chelle Cohen Hays C	Office sought	in solar PCXS	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

### 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

	The instruction duide explains flow to c	ompiete titis ioiiii.		
1 Total pages Schedule F1:	2 FILER NAME Michelle Cohen		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
05/23/2022	Sirenas Bar			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
80.08	21511 IH-35 Frontage Road	Kyle	TX	78640
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage	Beverage		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name  Hay	Office sought	strong Pets	Office held
Date	Payee name			
05/23/2022	HEB			
Amount (\$)	Payee address;	City;	State;	Zip Code
108.20	5401 South FM 1626	Kyle	TX	78640
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage	Food for meet	and greet	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  How Charles (Salah )	Office sought	sarldi	Office held
Date	Payee name	J		
05/31/2022	Broadway Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.00	5809 Kyle Parkway	Kyle	TX	78640
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Bank fee	BAnk fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name  Hay Candidate / Officeholder name	Office sought	Rte	Office held
	ATTACH ADDITIONAL COPIES OF THIS		EDED	

### 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:	2 FILER NAME Michelle Cohen		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
06/02/2022	Wix.com			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
20.56	1691 Michigan Ave	Miami Beac	h FL	33139
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	other	website mainta	inence	
	(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/OI	Candidate / Officeholder name  Michalle William Hays (Citis)	Office sought	Λ -	Office held
Date	Payee name	/		
06/13/2022	Vistaprint			
Amount (\$)	Payee address;	City;	State;	Zip Code
110.40	275 Wyman Street	Waltham	MA	02451
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing	rack cards		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	۸	Office held
expenditure to benefit C/OI	H M. challe Colon Haire Ca	nd Comission	1 1/17	
Data	Payee name	Will Children		
Date	rayeename			
06/30/2022	Broadway Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.00	5809 Kyle Parkway	Kyle	TX	78640
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Bank fee	BAnk fee		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Ol		Jourt Comm	sh Ac	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

### 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:	2 FILER NAME Michelle Cohen		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
07/05/2022	Wix.com			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
20.56	1691 Michigan Ave	Miami Bead	ch FL	33139
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	other	website mainta	anence	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Hays	Office sought	w Paz	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	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
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

# 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memonals Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Mages/Confract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expens
Travel In District
Travel Out Of District
Other (entires extenses and fished observe)

Candidate/Officeholder/Politic Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not asted above)		
1 Total pages Schedule G:	2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)		
4 Date 2   1   2 C	5 Payee name Super Cheop Signs				
6 Amount (\$) 475, 95 Reimbursement from political contributions intended	7 Payee address: 9200 Workerford Centre BI Austingtx 71758	City; Wil	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Promiting Expenx	(b) Description Signate	TV effected to		
	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Michelle Cohen	Office sought Heys (Sund) (	Office held		
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 if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payea 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 achedule)	Description			
	Check if travel outside of Texas, Complete Schoolule T.	Check if Austin	TX, officeholder living expanse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				