

# 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
	Mrs	Marie	M
NICKNAME		LAST	SUFFIX
		Cohen	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	148 Quinton Cove		Kyle TX 78640
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512 )	902-1277	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Daniel	E
NICKNAME		LAST	SUFFIX
		Cohen	
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	PHONE NUMBER	EXTENSION
	(512 )	656-3999	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	1	21	21
		THROUGH	Month Day Year
			5 / 1 / 22
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		5 / 24 / 22	Primary <input checked="" type="checkbox"/> Runoff 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	

**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)	\$ 2,590.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,918.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 649.24
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

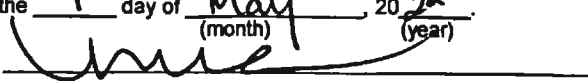
NOTARY STAMP/SEAL

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 Quinlan Cove Kyle TX 78140 USA  
(street) (city) (state) (zip code) (country)  
 Executed in Hays County, State of Texas, on the 1 day of May, 2022.  
(month) (year)  
  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Michelle Cohen		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,065.00
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		\$ 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 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: 7
2 FILER NAME <i>Michelle Cohen</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/10/21</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Diane Shaktman</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>331 Creekside Dr. Buda, TX 78610</i>		
8 Principal occupation / Job title (See Instructions) <i>Psychiatrist</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>12/10/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Lacy Waller</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>115 Park South Dr. Kyle, TX 78640</i>		
Principal occupation / Job title (See Instructions) <i>Political Consultant</i>		Employer (See Instructions) <i>Jimmy Suh for TX</i>
Date <i>12/11/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>James Jacobs</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>446 Adoquin Tr. Buda TX 78610</i>		
Principal occupation / Job title (See Instructions) <i>Pastor</i>		Employer (See Instructions) <i>Word of Life</i>
Date <i>12/12/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Jason Tirado</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>80 Main Street #4 Nyack NY 10960</i>		
Principal occupation / Job title (See Instructions) <i>Executive</i>		Employer (See Instructions) <i>Lightwave Inc.</i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>7</u>
2 FILER NAME <u>Michelle Cohen</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/13/21</u>	5 Full name of contributor out-of-state PAC (ID#: _____) <u>Laura Cohen</u>	7 Amount of contribution (\$) <u>50.00</u>
6 Contributor address; City; State; Zip Code <u>31 Farragut Dr. Brick NJ 8723</u>		
8 Principal occupation / Job title (See Instructions) <u>Retail</u>		9 Employer (See Instructions) <u>Home goods</u>
Date <u>12/13/21</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Mary Pena</u>	Amount of contribution (\$) <u>25.00</u>
Contributor address; City; State; Zip Code <u>7705 Niederrwald Strasse Kyle, TX 78610</u>		
Principal occupation / Job title (See Instructions) <u>Not Employed</u>		Employer (See Instructions) <u>Not employed</u>
Date <u>12/14/21</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Mark Salazar</u>	Amount of contribution (\$) <u>25.00</u>
Contributor address; City; State; Zip Code <u>6307 Bluff Springs Austin, TX 78744</u>		
Principal occupation / Job title (See Instructions) <u>Manufacturing</u>		Employer (See Instructions) <u>NXP</u>
Date <u>12/21/21</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Lacy Waller</u>	Amount of contribution (\$) <u>25.00</u>
Contributor address; City; State; Zip Code <u>115 Park South Dr. Kyle TX 78640</u>		
Principal occupation / Job title (See Instructions) <u>Political Consultant</u>		Employer (See Instructions) <u>Jimmy Suh Per TX</u>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Michelle Cohen</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/22/21</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Barbara Butler</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>16 Malaga Circle Hot Springs, AR 71909</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>None</b>
Date <b>11/24/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Diana Gomez</b>	Amount of contribution (\$) <b>75.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 581 Kyle TX 78640</b>		
Principal occupation / Job title (See Instructions) <b>Advocacy Manager</b>		Employer (See Instructions) <b>Progress TX</b>
Date <b>12/24/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David Cohen</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>231 Blanco Wimberley TX 78676</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
Date <b>12/28/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Amy Grant</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>339 Oyster Creek Budca TX 78610</b>		
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Therapy Center of Budca</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# 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: 1
2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/21	5 Full name of contributor out-of-state PAC (ID#: _____) Cel Garza	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 17203 Arcata Ave. Pflugerville, TX 78660		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) State Employee
Date 12/31/21	Full name of contributor out-of-state PAC (ID#: _____) Diana Gomez	Amount of contribution (\$) 25.00
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 4/21/21	Full name of contributor out-of-state PAC (ID#: _____) Jill Ramirez	Amount of contribution (\$) 60.00
Contributor address; City; State; Zip Code 5309 Presidio Rd. Austin TX 78745		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) LHCF
Date 1/10/22	Full name of contributor out-of-state PAC (ID#: _____) Michael Tobias	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 221 Oxford Dr. Kyle TX 78640		
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) TC SOQ

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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: 1

2 FILER NAME

Michelle Cohen

3 Filer ID (Ethics Commission Filers)

4 Date

1/13/22

5 Full name of contributor

Marc Van Bree

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

25.00

6 Contributor address;

City;

State;

Zip Code

322 Fletcher Bend Buda, TX 78610

8 Principal occupation / Job title (See Instructions)

Marketing

9 Employer (See Instructions)

Auctone

Date

1/22/22

Full name of contributor

Diane Shaktan

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

231 Creekside Dr. Buda TX 78610

Principal occupation / Job title (See Instructions)

Psychiatrist

Employer (See Instructions)

self

Date

1/31/22

Full name of contributor

Cel Garza

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

17203 Arcata Av. Pflugerville TX 78660

Principal occupation / Job title (See Instructions)

Accountant

Employer (See Instructions)

state of texas

Date

2/2/22

Full name of contributor

Christopher Coy

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

4702 Sunridge Ct Austin TX 78741

Principal occupation / Job title (See Instructions)

Program Manager

Employer (See Instructions)

Dell technologies

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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: 7
2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/22	5 Full name of contributor out-of-state PAC (ID#: David Doerr	7 Amount of contribution (\$) 20.00
6 Contributor address; City; State; Zip Code 1192 Sanders Kyle TX 78640		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) AISD
Date 2/16/22	Full name of contributor out-of-state PAC (ID#: Kristine Lilly	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 285 McGarity Kyle TX 78640		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 3/3/22	Full name of contributor out-of-state PAC (ID#: Michael Turner	Amount of contribution (\$) 75.00
Contributor address; City; State; Zip Code 8901 A Trone Circle Austin TX 78758		
Principal occupation / Job title (See Instructions) Grant Specialist		Employer (See Instructions) Tx State University
Date 3/3/22	Full name of contributor out-of-state PAC (ID#: Jessica Pena	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 12000 S IH 35 mt 13467 Austin TX 78747		
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) State of Texas

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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: <b>7</b>
2 FILER NAME <b>Michelle Cohen</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/5/22</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Ann Rivas</b>	7 Amount of contribution (\$) <b>10.00</b>
	6 Contributor address; City; State; Zip Code <b>Po Box 966 Kyle TX 78640</b>	
8 Principal occupation / Job title (See Instructions) <b>Law Enforcement</b>		9 Employer (See Instructions) <b>TCSO</b>
Date <b>3/15/22</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David Doerr</b>	Amount of contribution (\$) <b>25.00</b>
	Contributor address; City; State; Zip Code <b>1192 Sanders Kyle TX 78640</b>	
Principal occupation / Job title (See Instructions) <b>teacher</b>		Employer (See Instructions) <b>Austin ISD</b>
Date <b>3/25/22</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Claire O'Neal</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>7913 Beacon Knob Way Austin, TX 78744</b>	
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions) <b>Texas Ally</b>
Date <b>4/13/22</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jaime Martinez</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code <b>150 Schmidt Kyle TX 78640</b>	
Principal occupation / Job title (See Instructions) <b>Special Events Coordinator</b>		Employer (See Instructions) <b>State Agency</b>

**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 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

Michelle Cohen

out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

200.00

6 Is lender a financial institution?

Y  N

8 Lender address;

City;

State;

Zip Code

148 Dunton Cove 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

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;

City;

State;

Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender a financial institution?

Y  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

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;

City;

State;

Zip Code

Principal Occupation (See Instructions)

Employer (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.

# 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 Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>	2 FILER NAME <b>Michelle Cohen</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1/3/22</b>	5 Payee name <b>Signs Express</b>
-------------------------	--------------------------------------

6 Amount (\$) <b>324.75</b>	7 Payee address; <b>10421 Old Manchaca Rd. #510</b>	City; <b>Austin TX</b>	State; <b>TX</b>	Zip Code <b>78718</b>
--------------------------------	--	---------------------------	---------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Political Signs 4x4</b>
	(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 <b>Michelle Cohen</b>	Office sought <b>Hays County Commissioner Ptz</b>	Office held
---	--	--	-------------

Date <b>1/4/22</b>	Payee name <b>wix.com</b>
-----------------------	------------------------------

Amount (\$) <b>25.85</b>	Payee address; <b>1691 Michigan Ave.</b>	City; <b></b>	State; <b>FL</b>	Zip Code <b>33139</b>
-----------------------------	---	------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>other</b>	Description <b>website</b>
	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 <b>Michelle Cohen</b>	Office sought <b>Hays County Commissioner Ptz</b>	Office held
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Date <b>1/4/22</b>	Payee name <b>wix.com</b>
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Amount (\$) <b>20.56</b>	Payee address; <b>1691 Michigan Ave.</b>	City; <b>Miami Beach</b>	State; <b>FL</b>	Zip Code <b>33139</b>
-----------------------------	---	-----------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>other</b>	Description <b>website maint.</b>
	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 <b>Michelle Cohen</b>	Office sought <b>Hays County Commissioner Ptz</b>	Office held
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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 Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Michelle Cohen	3 Filer ID (Ethics Commission Filers)
4 Date 1/5/22	5 Payee name Signs Express	
6 Amount (\$) 163.00	7 Payee address; 10421 Old Manchaca Rd.	City; State; Zip Code Austin TX 78748
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs
	(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 / Office held Hays County Commissioner Petz.
Date 1/5/22	Payee name Super Cheap Signs	
Amount (\$) 28.61	Payee address; 9200 Waterford Centre Blvd #100	City; State; Zip Code Austin TX 78758
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Express	Description yard sign
	(c) <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 Michelle Cohen	Office sought / Office held Hays County Commissioner Petz
Date 1/11/22	Payee name Vista print	
Amount (\$) 169.50	Payee address; 275 Wymen Street	City; State; Zip Code Waltham MA 02451
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Door hangers
	(c) <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 Michelle Cohen	Office sought / Office held Hays Party Commissioner Petz

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### 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.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Michelle Cohen	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/12/22	<b>5</b> Payee name Signs Express	
<b>6</b> Amount (\$) 161.75	<b>7</b> Payee address; 10421 Old Manchaca Rd. #510	City; Austin State; TX Zip Code 78748
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/13/22	Payee name Super Cheep Signs	
Amount (\$) 241.40	Payee address; 9200 Waterford Centre Blvd. #100	City; Austin State; TX Zip Code 78757
<b>PURPOSE OF EXPENDITURE</b>	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 Michelle Cohen	Office sought Hays County Commissioner Pct 2 Office held
Date 1/18/22	Payee name Super Cheep Signs	
Amount (\$) 107.17	Payee address; 9200 Waterford Centre Blvd #100	City; Austin State; TX Zip Code 78758
<b>PURPOSE OF EXPENDITURE</b>	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 Michelle Cohen	Office sought Hays County Commissioner Pct 2 Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>	2 FILER NAME: <b>Michelle Cohen</b>	3 Filer ID (Ethics Commission Filers)
4 Date: <b>1/18/22</b>	5 Payee name: <b>Hays County Democratic Party</b>	
6 Amount (\$):	7 Payee address; City; State; Zip Code: <b>215 W. San Antonio Son Marcos TX 78666</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Advertising Expense</b>	(b) Description: <b>Ad</b>
	(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: <b>Michelle Cohen</b>	Office sought / Office held: <b>Hays County Comm. Pct</b>
Date: <b>1/31/22</b>	Payee name: <b>Broadway Bank</b>	
Amount (\$): <b>4.00</b>	Payee address; City; State; Zip Code: <b>5809 Kyle Pkwy Kyle TX 78660</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Banking</b>	Description: <b>fe</b>
	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: <b>Michelle Cohen</b>	Office sought / Office held: <b>Hays County Comm. Pct</b>
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. <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:

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**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.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Michelle Cohen	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/2/22	<b>5</b> Payee name Chingonaine	
<b>6</b> Amount (\$) 60.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 416167 Las Vegas Nv 89114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) other	<b>(b)</b> Description Design & Mktg
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Michelle Cohen	Office sought Hays County Commissioner
	Office held Petz	
Date 2/2/22	Payee name Wix.com	
Amount (\$) 20.56	Payee address; City; State; Zip Code 1691 Michigan Ave. Miami Beach FL 33139	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) other	Description Website Maint.
	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 Michelle Cohen	Office sought Hays County Commissioner
	Office held Petz	
Date 2/14/22	Payee name Lowes	
Amount (\$) 142.63	Payee address; City; State; Zip Code 5753 Kyle Pkwy Kyle Tx 78640	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description stakes for signs at polling
	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 Michelle Cohen	Office sought Hays County Commissioner
	Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 8	2 FILER NAME Michelle Cohen	3 Filer ID (Ethics Commission Filers)
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4 Date 2/28/22	5 Payee name Lowes
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6 Amount (\$) 47.54	7 Payee address; 5753 Kyle Pkwy	City; Kyle	State; TX	Zip Code 78640
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description stakes
	(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 Michelle Cohen	Office sought Hays County Commis Pct	Office held
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Date 2/28/22	Payee name Broadway Bank
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Amount (\$) 4.00	Payee address; 5809 Kyle Parkwy	City; Kyle	State; TX	Zip Code 78610
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description fee
	(c) 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 Michelle Cohen	Office sought Hays County Commis - Pct	Office held
---	---	---	-------------

Date 3/2/22	Payee name Wix.com
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Amount (\$) 20.56	Payee address; 1691 Michigan Ave.	City; Miami Beach	State; FL	Zip Code 33139
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description website maint.
	(c) 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 Michelle Cohen	Office sought Hays County Commis Pct	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Michelle Cohen	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/7/22	<b>5</b> Payee name Cana	
<b>6</b> Amount (\$) 53.00	<b>7</b> Payee address; City; State; Zip Code 116 Kippax St. Sunny Hill, Australia	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Cards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Michelle Cohen	Office sought / Office held Hays County Commissioner Ptz
<b>Date</b> 3/24/22	<b>Payee name</b> Amazon	
<b>Amount (\$)</b> 45.07	<b>Payee address; City; State; Zip Code</b> 21117th Ave. Seattle WA 98121	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Other	<b>Description</b> Ink
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Michelle Cohen	Office sought / Office held Hays County Commissioner Ptz
<b>Date</b> 3/31/22	<b>Payee name</b> Broadway Bank	
<b>Amount (\$)</b> 4.00	<b>Payee address; City; State; Zip Code</b> 5809 Kefe Parkway Kyle TX 78640	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Banking	<b>Description</b> fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Michelle Cohen	Office sought / Office held Hays County Commissioner Ptz

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME: Michelle Cohen	3 Filer ID (Ethics Commission Filers)
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4 Date: 4/4/22	5 Payee name: Wix.com
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6 Amount (\$): 20.56	7 Payee address: 1691 Michigan Ave	City: Miami Beach	State: FL	Zip Code: 33139
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): other	(b) Description: website maint.
	(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: Michelle Cohen	Office sought: Hays County Commissioner Atc	Office held:
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Date: 4/29/22	Payee name: Broadway Bank
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Amount (\$): 4.00	Payee address: 5809 Kyle Parkway	City: Kyle	State: TX	Zip Code: 78640
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Banking Fee	Description: Fee
	(c) 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: Michelle Cohen	Office sought: Hays County Commissioner Atc	Office held:
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Date: 4/20/22	Payee name: Office Depot
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Amount (\$): 23.80	Payee address: 2200 Old Corner Blvd	City: Delray Beach	State: FL	Zip Code: 33445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Printing	Description: Rack Cards
	(c) 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: Michelle Cohen	Office sought: Hays County Commissioner Atc	Office held:
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Michelle Cohen	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/1/22	<b>5</b> Payee name Super Cheap Signs	
<b>6</b> Amount (\$) 475.95 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Austin TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Signage
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Michelle Cohen	Office sought / Office held 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
	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
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
	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

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