CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE (512) 6 CAMPAIGN TREASURER NAME MS / MRS / MI Mr. 7 CAMPAIGN STREET ADDI	Marie LAST Cohen o Box; APT / SUITE #; (Iton Cove K PHONE NUMBER 902-1277	- ,	Date Received REC	USE ONLY EIVED 2 2022 1 or Date Postmarked Amount 8
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS /P 4 CANDIDATE / OFFICEHOLDER PHONE 148 Quir 5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE (512) 6 CAMPAIGN TREASURER NAME MS / MRS / MR Mr. 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDI 148 Quir 8 CAMPAIGN TREASURER PHONE AREA CODE (512) 9 REPORT TYPE Image: Comparison of the co	Cohen o BOX: APT / SUITE #: (hton Cove K PHONE NUMBER 902-1277 3 FIRST Daniel LAST Cohen RESS (NO PO BOX PLEASE): APT / SI	CITY: STATE: ZIP CODE yle TX 78640 EXTENSION MI E SUFFIX	REC Date Hand-delivered Receipt # Date Processed Date Imaged	2 2022 I or Date Postmarked
OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 8 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 8 CAMPAIGN TREASURER PHONE 148 Quir AREA CODE 148 Quir 148 Quir	PHONE NUMBER 902-1277 R FIRST Daniel LAST Cohen RESS (NO PO BOX PLEASE): APT / SI	VIE TX 78640 EXTENSION MI E SUTFIX	Date Hand-delivered Receipt # Date Processed Date Imaged	2 2022 I or Date Postmarked
OFFICEHOLDER PHONE (512) CAMPAIGN TREASURER NAME Mr. NICKNAME CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE (512) CAMPAIGN COMPAIGN CAMPAIGN COMPAIGN CAMPAIGN COMPAIGN C	902-1277 FIRST Daniel LAST Cohen	MI E Suffix UNTE #; CITY;	Receipt # Date Processed Date Imaged	
TREASURER NAME Mr. NICKNAME 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE (512) 9 REPORT TYPE	Daniel LAST Cohen RESS (NO PO BOX PLEASE); APT / SI	E SUFFIX UITE #; CITY;	Date Processed Date (maged	Amount \$
NAME NAME 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE PHONE 9 REPORT TYPE	LAST Cohen RESS (NO PO BOX PLEASE); APT / SI	SUFFIX	Date Imaged	1
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 2 REPORT TYPE	Cohen RESS (NO PO BOX PLEASE) APT / SI	UITE #; CITY;		
TREASURER ADDRESS (Residence or Business) 148 Quir 8 CAMPAIGN TREASURER PHONE AREA CODE (512) 3		- ,	STATE:	
ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE (512) 9 REPORT TYPE	iton Cove	12 1.		ZIP CODE
8 CAMPAIGN TREASURER PHONE (512)		Kyle	ТХ	78640
	PHONE NUMBER 656-3999	EXTENSION		
tuay 1			(Officeholde	
10 PERIOD M COVERED 1	onth Day Year / 21 / 21	Month THROUGH 5	Day Year 1 / 22	
Month	Dev Year Primary 24 / 22 General	ELECTION TYPI	E	
2 OFFICE OFFICE HELD	(if any)	13 OFFICE SOUGHT (I' Innon Hays County C		er Pct 2
POLITICAL THE CANDIDATE	OFFICEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAU ED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE O
COMMITTEE(S) COMMITTEE T	YPE COMMITTEE NAME			
GENER				
Additional Pages SPECIFI	C COMMITTEE CAMPAIGN TRE	ASURER NAME		
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
	GO TO I	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 DA 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	E \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	d correct and includes all information			
	Cure				
	Signature of Candida	ate or Officeholder			
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEA					
		day of,			
20, to certify	which, witness my hand and seal of office.				
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath			
eignature of onder automate	OR				
(2) Unsworn Declarati					
N N	10 11 01				
My name is Mark		Une 23, 1911			
My address isO	Quenton Cove Kyle IX	<u></u>			
- Itrain	(street) (city) (state County, State of <u>PXUS</u> , on the <u>day of</u>) (zip code) (country)			
Executed in	county, date or, on the day of (month)	(year)			
	Signature of Cardidate/	Officeholder (Declarant)			

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

-	FILER NAME 20 Filer ID (Ethics Co	mmiss	ion Filers)
Mi	chelle Cohen		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,065.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	4. SCHEDULE E: LOANS		
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	s	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	475.95
10.	IO. 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	\$	

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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	s form.	1 Total pages Schedule A1:
2 FILER NAME	chelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Diane Shaktman	7 Amount of contribution $(\$)$ 250.00	
	5 Contributor address; City; 331 Creekside Dr. Buda,	State; Zip Code JK 78610	
	pation / Job title (See Instructions) chiotnist	9 Employer (See Instruc Sをした	tions)
Date	Full name of contributor out-of-state PAC Lacy Waller	C (ID#:)	Amount of contribution (\$)
12/18/21	Contributor address; City; 115 PcrX South Dr. Kyle	State; Zip Code TX 78640	25.00
A	action / Job title (See Instructions)	Employer (See Instruct Jinny Suh G	-
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
12-111/21	James Jacobs Contributor address; City; 446 Adoquin T.H. Buda	State; Zip Code 、	50.00
Principal occup Past	ation / Job title (See Instructions)	Employer (See Instruct Wicord of 17	
Date	Full name of contributor out-of-state PAC Jason Tirado	; (ID#:)	Amount of contribution (\$)
12/12/2(Contributor address; City;	State; Zip Code	220.00
	80 Main Street #4 Nya	`,	
Execu	ation / Job title (See Instructions) レイモンモー	Employer (See Instruct Lishtware In	-
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		
orms provided by Te	xas Ethics Commission www.ethics.	state ty us	Revised 8/17/2020

SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s 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 PA	C rin t	7 Amount of contribution (\$)			
	Laura Cohen	• (
12/13/21			50.00			
		State; Zip Code				
	31 Farragut Dr. Brick	- N2 8123				
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
let	ici I	Home goods	>			
Date	Full name of contributor out-of-state PA	C (IDt-				
			Amount of contribution (\$)			
12 3/11	Mong Pena		25.00			
	Contributor address; City;	State; Zip Code				
	7705 Niederwald Strass	· Kyle, Tx 78610				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct				
N	of Enployed	Noten	rlaged			
Date	Full name of contributor out-of-state PAC					
			Amount of contribution (\$)			
Llybi	Contributor address; City;		25.00			
in ti ztat	Contributor address; City;	State; Zip Code	as.00			
	6307 Bluff Springs Awtin TX 78744					
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Man	utacturing.	NKP				
Data						
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)			
12/21/21	Lacy Waller		25.00			
	Contributor address; City;	State; Zip Code	23.00			
	115 Port South Dr. Kole	78 78640				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
021.40	ol Consultent	Jinny Suh	Per TA			
	ATTACH ADDITIONAL COPIES C					
	If contributor Is out-of-state PAC, please see Instru	uction guide for additional n	eporting requirements.			

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SCHEDULE A1

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

The Instruction Cuttle analysis have to complete this form 1 Total pages Schedule A1:						
The Instruction Guide explains how to complete this form.			<u> </u>			
	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Michelle Cohen					
4 Date	5 Full name of contributor out-of-state PAC Barbara Butter	: (ID#)	7 Amount of contribution (\$)			
12/2/21	6 Contributor address; City; State; Zip Code		100.00			
	16 Malaga Circle HotSpri	MS AR 71909				
I 17	pation / Jab title (See Instructions)	9 Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)			
1424/21	Diana Gomez Contributor address; City;	State; Zip Code	75.00			
	P.O. Box 581 Kyle -	TX 78640				
	ation / Job title (See Instructions)	Employer (See Instruct				
- Holou	acy Monaser	Tro gress 7	<u>×</u>			
Date	- · - ·	; (ID#:)	Amount of contribution (\$)			
12/24/21	David Cohen Contributor address; City;		60.001			
10129129	031 Blanco Winberl		-			
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Attorney Self-						
Date		; (ID#:)	Amount of contribution (\$)			
12/28/21	Contributor address; City;	State; Zip Code	256.00			
	339 Oyster Croek Bude	i tx 78610				
	vation / Job title (See Instructions)	Employer (See Instruc	tions)			
Uv		Therapy (enter of Bucks			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

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SCHEDULE A1

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

			and the second	
The Ins	struction Guide explains how t	1 Total pages Schedule A1:		
	richelle Coten	3 . Filer ID (Ethics Commission Filers)		
	Full name of contributor CC Garza	out-of-state PA	\C (ID#)	7 Amount of contribution (\$)
12/31/21 6	Contributor address;	50.00		
	17203 Arcata 1	fve. Pful		
	on / Job title (See Instructions)		9 Employer (See Instruct State Eup	
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
12/21/21	Dich a Gomez Contributor address; · O. Box 581	city: 1256	State: Zip Code 7× 78640	25.00
Principal occupation	Job title (See Instructions) y Monger		Employer (See Instruct Pro DrCSS Teke	
	Full name of contributor Jill Rawinez	out-of-state PAC	(iD#)	Amount of contribution (\$)
1/21/21 d	Contributor address; 309 Presidio R.L.	City;	State; Zip Code VX 78745	69.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) CED LHCF				ons)
	ull name of contributor. Michael Jobias	out-of-state PAC	(104:)	Amount of contribution (\$)
	ontributor address; 21 OXford Qr.	city: Kyk	State; Zip Code X 76640	100.00
	Job title (See Instructions)		Employer (See Instruction TCSOO	ons)
lf con	ATTACH ADDITION/ tributor is out-of-state PAC, ple		THIS SCHEDULE AS NE	

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Revised 8/17/2020

SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages/Schedule A1:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Michelle Cohen				
4 Date	5 Full name of contributor out-of-state PA	Č (ID#:)	7 Amount of contribution (\$)		
1.1.56	Marc Van Rose				
111312L	6 Contributor address; City;		25.00		
			03.00		
	322 Fletcher Berk Buch	1, TX 78610			
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Mar	Ketiny	Auctore			
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Viane Shakthon				
122/22	Contributor addresse: City:	State: Zin Code	100.00		
1			780:00		
	Oiane Shakthon contributor address; City; 231 Creekside Or. Buda	TX 71410			
	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
P3yc	histrist	self			
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
	Cel Garza				
13 22	Contributor address: City:	State: Zip Code	20.09		
	12102 h 1 h 100	N DY O (()			
	Cel Garza Contributor address; City: 17203 Arcata AV. Pfluge	ville ik zoleles			
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Accou	stat	state of t	eka s		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
alla	Christopher Coy				
2/2/2	Contributor address; City;	State; Zip Code	00.00		
	•		100-20		
	4702 Sunridge Ct Austin Dr 78741				
Principal occup:	ation / Job title (See Instructions)	Employer (See Instructi			
re or l	in monael	Dell tech	nolgies		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED		
	If contributor is out-of-state PAC, please see Instru				

Forms provided by Texas Ethics Commission

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	s form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer 1D (Ethics Commission Filers)	
	Michlle Cohen			
4 Date	5 Full name of contributor out-of-state PA		7 Amount of contribution (\$)	
	David Moren			
21521		• • • • • • • • • • • • • • • • • • • •	20.00	
	6 Contributor address; City;	State; Zip Code	20.00	
	1192 Scuders Kile	77 78640		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
l tea	cher	AISI		
Date	Full name of contributor out-of-state PA	.C (IDII:)	Amount of contribution (\$)	
1 1. 100	Kristine Lilly			
L/16/24	Contributor address; City;	State; Zip Code	25.00	
	-			
		W 78640		
	ation / Job title (See Instructions)	Employer (See Instruct		
No-	+ Explored	NSt EM	eloze -	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
3/3/22	Michael Kurner			
		State; Zip Code	75.00	
* •	8901-ATTIONE Circle Austin	TX 78758	•	
	o of A more circle 1-sustin	Y 101-0		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
(mont a	Specialist	Tx Stale 1) NUPSILY	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Jessica Kena			
27/20	Contributor address; City;	State; Zip Code	250.00	
332		-x 78747	-	
	12 000 5 11+35 mit Austin	r iorti		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
N N AMA	Smart L	Stil at	Teras	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	
	If contributor is out-of-state PAC, please see Instr			
Former standard by Fo	xas Ethics Commission www.ethics	state ty us	Device 4 0//7/2000	
FOLLOS PLOAIDSO DA 16	xas Ethics Commission www.ethics		Revised 8/17/2020	

SCHEDULE A1

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

	Instruction Guide explains how to complete this	1 Total pages Schedule A1:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Michell					
4 Date					
	5 Full name of contributor out-of-state PA		7 Amount of contribution (\$)		
3 5 22	Am Kivas				
31310	6 Contributor address; City;	State; Zip Code	0.00		
		7× 78640			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
1 1	Enterre ment	TASA			
- Com	Cristice men				
Date	Full name of contributor out-of-state PA		Amount of contribution (\$)		
$\neg 1$	David Doerr Contributor address; City;				
5/15/26			1 = 17		
- t · ·	Contributor address; City;	State; Zip Code	25.00		
	1192 Sonders Kyle	TK 78(40)			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
tea	cher	Austin 151			
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)		
	CLAIRE D'ARAL				
712/20	100.ex)				
Sas IL			100.00		
3/25/22 Claire O'neal contributor address; City; State; Zip Code 100.00 7913 Beacon Knob Way Austin, 7x 78744					
Principation / Job title (See Instructions) Employer (See Instructions)					
/	iller	Texas Al			
Durinu Joreo Hing					
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
	Toim Martinez				
11/10/	Jaime Montinez				
4 13 22	Contributor address; City;	State; Zip Code	250.00		
1-10-	150 Schmidt Kile	TX 78640			
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Specia		Stale			
Julia	Event Coordinate	UINA	Teng-		
			•		
		OF THIS SCHEDUL FAS N	FEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

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LOANS			SCHEDULE E			
If the requeste	If the requested information is not applicable, DO NOT include this page in the report.					
	e Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:			
2 FILER NAME	nelle Cohen		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF U	NITEMIZED LOANS		\$ 200.00			
5 Date of loan	7 Name of lender out-of-state	PAC (IDIF)	9 Loan Amount (\$) 2004 CO			
6 Is lender a financial Institution?	8 Lender address; City; 148 Jun fon Cort	State: Zip Code Kyle, TX 78640	10 Interest rate			
	ion / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Col	Ne/	15 State Emple				
none	T	account (See Instruct	ds were deposited into political lons)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code				
not applicable						
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender i out-of-state	PAC (ID#)	Loan Amount (\$)			
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate			
			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colla	iteral	Check if personal fund account (See Instruction	s were deposited into political ons)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupatio	n (See Instructions)	Employer (See Instructions)				
if ier	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					
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POI ITICAL - -

FROM POLI	TICAL CONTRIBUTIONS		SCHEDULE F1
If the requested inf	formation is not applicable, DO NOT include	this page in the ren	ort
	EXPENDITURE CATEGORIES		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Feas Office Ove Food/Beverage Expense Poling Ex of Git/Awards/Mamorials Expense Printing E al Committee Legal Services Salaries/V The Instruction Guide explains how to c	ayment/Reimbursement wheed/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not Ested above)
1 Total pages Schedule F1:	2 FILER NAME Michelle Cohen		Filer ID (Ethics Commission Filers)
4 Date 1/3 22	5 Payee name Signs Express	<u></u>	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
324.75	10421 old Manchard		tin K Bris
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Political Si	ths 4x4
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	DX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Michaelle Cohen H	Office sought	Office held
Date 1 4 2 2	Payee name 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	websile	
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, 1	X, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Michelle When Hays	5 Conty (wmmiss	inner licez
Date	Payee name		
1/4/22	W.X. wn		
Amount (\$)	Payee address;	City;	State; Zip Code
20.56	1691 Michisch Ave.	Miani Beach	R 37139
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	othr	Websitz	Mrt.
	Check if travel outside of Texas. Complete Schedule T.	Check il Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

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

っこ ヘイナロヘヘウル	ES FOR BOX 8(a

		EXP	ENDITURE CATI	EGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	y (Gift/Awards .egal Servix	age Expanse Memorials Expense cas	Office Ove Polling Ex Printing Ex Salaries/W	pense lages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
Galagraying		The Inst	ruction Guide expla	ins how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAJ	vie ello	Colum			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payes nam		Const				
6 Amount (\$)	7 Pavee add	ns	express		City;	State;	Zip Code
163.00			Marchaea	RJ.	Austin	XT	7874P
8	(a) Category	(See Categ	ories listed at the top of It	nis schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Peunt	ins	Spense		Signs		
	(c) C	heck if travel	loutside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	A .	te/Office	e Coher	\	Office sought	(omnosie	office held mr Petz.
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			ries listed at the top of thi	s schedule)	Description		
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1/11/22	_Vis	ta pr	int				
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169.50	2721	Jync	in Street	<u> </u>	Valthan	MA	02451
PURPOSE	Category (See Catego	ries listed at the top of thi GxALNA	s schedule)	Description	orel	
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expenditure to benefit C/O	' Mi	<u>Chell</u>	le Coher	<u> </u>	Hays Co	1) Low	MUSSill Pole
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Forms provided by Texas Eth	ics Commissio	n	www.eth	nics.state.bx.u	13		Revised 8/17/2020

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fe Fo by Gi al Committue Le	rent Expense les lod/Beverage Expense MAwards/Memorials Expense gal Services The Instruction Guide expla	Office Over Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor	Travel In District Travel Out Of Dist	upment & Related Expense
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8	(a) Category (s	See Categories listed at the top of th	nis schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Pront	rig Spend		Sign	15	
	(C) Che	ack if travel outside of Texas. Complete	e Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		/ Officeholder name		Office sought		Office held
Date	Payee name		~	<u> </u>		
1/13/22	Supe	r Checp	Signs	, 		
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241.40	92001	Naterfurd Centre	Blud.E	tuo Austin	- 21	JE 754
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PURPOSE OF EXPENDITURE	Priv	ting Exper	Ve	Sim	2	
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102.17	9 700 Wo	krowch Contre !	shed the	a Austin	X	78758
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PURPOSE OF EXPENDITURE	Printin	r Expense		Sign	۲. 	
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Forms provided by Texas Eth	ics Commission	www.eth	ics.state.bx.us	<u> </u>		Revised 8/17/2020

SCHEDULE F1

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	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	· · · · · · · · · · · · · · · · · · ·	
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1 Total pages Schedule F1:	2 FILER NAME, Michelle Cohan		3 Filer ID (Ethics Commission Filers)	
4 Date 118 22	5 Payee name Hays Cent De mi	scrotic Party		
6 Amount (\$)	7 Payee address;	Ċity;	State; Zip Code	
	215 W. Son Andertio	Son Morea	, TX 78666	
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising Expens	e Ad		
	(C) Check if travel outside of Texas. Complete Sct	nedule T. Check if Austin	, TX, officaholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	H Millelle Coller name	Office sought	onni: Pok	
Date 1 3 22	Broadway Bon	(
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4.00	5509 Kylo Mkury	Kyle	K 78610	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci Bankcip	hedule) Description		
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Date	Payee name			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donalions Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Satarise/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 a	complete this form.
1 Total pages Schedule F1	E 2 FILER NAME Lelle Cohen	3 Filer ID (Ethics Commission Filers)
4 Date 222	5 Payee name Chingonain	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
6000	PD. Sox 46467 (Las Vegas Nr 89114
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	offer	Design Euro
	(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/O	Candidate / Officeholder name H Michelle Cohur	Office sought Office held Hay Conf Comission Putz
Date	Payee name	
2/2/22	WX.com	
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2056	1 Lear Michigan Ave.	Miani Beach FL 33139
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expenditure to benefit C/OH	Michelle Lohen Hays	Contylommission Pote
2/14/22	Payee name	
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14263	5753. Kyle Pkwy	Kyle 7/ 78640
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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credil Card Payment		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense
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4 Date 2 2 2 22	5 Payee na					
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8	(a) Categor	y (See Categories listed at the top of	this schedule)	(b) Description		
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20.56	1691 N	lichigon Aue.		Micri bea	ch FL	33139
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidata/Officeholder/Political Committee
Credit Card Payment

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidata/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling 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	s how to complete this form.		
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4 Date 37/22	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
53.00	116 Kippax St.	Jany HIL	, Australia	
8	(a) Category (See Categories listed at the top of this t	schedule) (b) Description		
PURPOSE OF EXPENDITURE	Printing Expera	Cords		
	(C) Check if travel outside of Texas. Complete Sc	chedule T. Check if Austi	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate Officeholder name	Office sought Hay SCourty Loint	Office held	
Date	Payee name			
3 24 22	Amazon			
Amount (\$)	Payee address;	City;	State; Zīp Code	
45.07	21117HL Ave.	Seattle	WA 68121	
	Category (See Categories listed at the top of this so	chedule) Description		
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Date 3 31 22	Payee name Broadway Bon	K		
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4.00	5809 Kele Porking	Kyle	75 78640	
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	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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4 Date 4/4/22	5 Payee name			
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		
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	H MICHEL Comme	Hays Cout On	AUSIA Die Office held	
Date 4 29 22	Payee name Broadway Ba	nk		
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4.00	5809 Kyle Partway	Vyle	TX 78640	
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	Wichelle Cohen	_ Hays County	annissin the	
Date 4 20 22	Payee name Office Dupot			
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23.80	2200 old Comertour ld	e Delray bec	th FL 33445	
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	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEED	DED	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	· · · · · · · · · · · · · · · · · · ·
Advertising Expense Accounting/Banking Commuting Expense Contributions/Donations Made / Candidete/Officeholder/Politic Credit Card Payment	Fees C Food/Beverage Expense F By Gift/Awards/Memorials Expense F	can Repayment/Reimbursement Mice Overhead/Rental Expense Poling Expense Printing Expense Setarles/Weges/Contract Labor Now to complete this form.	Solicitation/Funchaising Expanse Transportation Equipment & Related Expanse Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Dete 2/1/22	5 Payee name Super Cheop Sist	u 7	
6 Amount (\$) 4175,95 Reinbursement from political contributions intended	7 Payee address: 9200 Waterford Centre Austingtx 78758	ctty: c Bwil	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this acher Promiting Expendence	ade) (b) Description Signa pe	
	(c) Check If travel outside of Texas. Complete Schedu		TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Michelle Cohen	Office sought Hay (duty (Office held
Date	Payee name		
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