#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** Mrs. NAME Date Received SUFFIX NICKNAME 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** 148 Quinton Cove Kyle TX 78640 MAILING NOV 0 1 2022 Q **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (512) 902-1277 PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR MI TREASURER Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN Quinter Core Kyle, TX 78640 TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 656-3999 (215) 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election July 15 Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 07/16/22 10/31/2022 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Other Description Primary Runoff General Special 8/22 OFFICE HELD (F any) 13 OFFICE SOUGHT (if known) 12 OFFICE Hays County Commissioner 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. CANDIDATE'S AND OFFICEHOLDER'S REREQUIRED 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 **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		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)	\$			
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6134.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 4720.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 4720.00 STDAY \$ 1338.25			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$			
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information			
	Signature of Ca	andidate or Officeholder			
	Signature of Ca				
	Please complete either option below	v:			
	January and the option bolov				
40.000					
(1) Affidavit					
NOTARY STAMP/SEA	NL				
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 administ	ering oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declarat	ion				
My name is Mari	e Michelle Cohen and my date of birth is	11 1.			
My address is	Will to Cove Kyle	etato) (zin codo) (countro)			
Executed in Hay	(street) (city) (county, State of <u>excis</u> , on the day of month	state) (zip code) (country)  (country)  (year)			
	Signature of Candi	date/Officeholder (Declarant)			
l					

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

## FORM C/OH COVER SHEET PG 3

9 FILER NAME 20 Filer ID (Ethics Commission Filers)						
Michelle Cohen						
SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT				
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 800.0				
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
SCHEDULE E: LOANS		\$				
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 4.00				
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$				
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$				
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$				
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$				
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$				
	SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED				

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Nichelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 7 11 7と	5. Full name of contributor  Hays County Democratic  6 contributor address;  City;  PO BOX 204 Son Morros	7 Amount of contribution (\$)	
8 Principal occur	pation / For title (See Instructions)	9 Employer (See Instruct	ions)
Date 7   29   22	Full name of contributor		Amount of contribution (\$)
	814 N. Coop St. Son Marc	05 TX 786lile	W 2 C C
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 7/29/22	Full name of contributor   out-of-state PAGE   Schoole 2   Contributor address; City;   118 Amber wood lay }	State; Zip Code	Amount of contribution (\$)
	eation / Job title (See Instructions)	Employer (See Instruct SCN Andon	
8   18   22	Full name of contributor   out-of-state PAI Heiko Story Contributor address; City; 360 Turlley Hollow Win		Amount of contribution (\$)
1.1	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	SEDEN.
	If contributor is out-of-state PAC, please see Inst		

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Nichelle Cohen	3 Filer ID (Ethics Commission Filers)
4 Date 8 3 22	5 Full name of contributor   out-of-state PAC (ID#:)  1 One Shaktman  6 Contributor address: City; State; Zip Code  331 Creeksicle Or. Buda, ** 78610	7 Amount of contribution (\$)
	pation / Job title (See Instructions)  9 Employer (See Instructions)  Self:	tions)
Date 8 2 2 2	Full name of contributor out-of-state PAC (IDIR)  Diana Feray  Contributor address; City; State; Zip Code  150 Gattin Creed Rd. Dr. Pringsprings	Amount of contribution (\$)
	pation / Job title (See Instructions)  Employer (See Instructions)  NOT employer	
8/24/22	Full name of contributor   out-of-state PAC (ID#)  AWY Grant  Contributor address; City; State; Zip Code  339 By Ster Creek Budg X 78610	Amount of contribution (\$)
	pation / Job title (See Instructions)  Employer (See Instructions)  Therefore	Center of Bula
8/24/21	Full name of contributor     out-of-state PAC (IDIR)  Contributor address; City; State; Zip Code  80 Main Street # W W WK, NY 10940	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	richelle Cohen		S FREE ID (Editos Commission Friers)
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12-122	Oranne Kay 6 Contributor address; City;		
8/25/22	6 Contributor address; City;	State; Zip Code	81.00
	50 Gattin Creekld - Dr. pri	of SpirsTX 7620	
	pation / Job title (See Instructions)	9 Employer (See Instruct	1.
Y	utemoly.	noten	flese 1
Date	Full name of contributor  ut-of-state PAG	(ID#:)	Amount of contribution (\$)
( )	Contributor address; City;		
8/29/22	Contributor address; City;	State; Zip Code	(00.00)
	7315 Scenic Brookpr. Au	otin TX 78784	800.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
En	and .	Dincet	
Date	Full_name of contributor	C (ID#:	Amount of contribution (P)
	Daniel Colon		Amount of contribution (\$)
0/1/22	Contributor address; City;	State; Zip Code	100 (1)
1010	140 QuestanCore Kyle		(DO. CL
District Control		1	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Wolfe (Not) Ce	1
C f		wysa w ce	4 6000
Date	Full name of contributor U out-of-state PA	C (1D#:)	Amount of contribution (\$)
0.4.4	Hngelita Tobias		
914/22	Contributor address; City;	State; Zip Code	200.00
	1818 Koland In Kale	TX 78640	0
	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Course	X.	AISD.	
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Inst	ruction guide for additional	eporting requirements.

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   Out-of-state PAC	7 Amount of contribution (\$)	
alle	6 Contributor address; City; 4427 Matter Wyle	State; Zip Code	300.00
	pation / Job title (See Instructions)	9 Employer (See Instruct  TX State	
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
9/11/22		State: Zip Code	10.00
	nation / Job title (See Instructions)	Employer (See Instruct	g.
Date 9/20/22	Full name of contributor   out-of-state PAI Haves Dawis Contributor address; City; 12604 Red Bud Trl. Bu	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PA		Amount of contribution (\$)
0/3H22	Contributor address; City; PO Sox 1232 Veyle	State; Zip Code X 78 640	25.00
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
		\$	<i>g</i> ·
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

### SCHEDULE A1

If the request	ed information is not applicable, DO NOT Inclu	ide this page in the re	eport.
The I	nstruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Michelle Coher		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC (ID		7 Amount of contribution (\$)
9/3/22	6 Contributor address: City; 76) N. Mayer St. Kylo	State; Zip Code	10.02
8 Principal occur	pation / Job title (See Instructions)  9	Employer (See Instruction	
Date	Full name of contributor   out-of-state PAC (IC		Amount of contribution (\$)
alzyke	tora kacine  contributor address; city;  291 Bronson Lh. Wimber	State: Zip Code	25.00
	ation / Job title (See Instructions)	Employer (See Instruction	
Date	Full name of contributor   out-of-state PAC (II)		Amount of contribution (\$)
9/12/22	Hays County Democrations  contributor address; city;  DO BOX 204 Sch Mercus T	State: Zip Code	205,00
	ration / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (II)		Amount of contribution (\$)
10/20/20	Hays County Women's Polis contributor address; City: 108 Camaro Way Son M	State: Zip Code	300.00
Principal occup	pation / Opb title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instruc		reporting requirements.
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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 co		1 Total pages Schedule A1:		
2 FILER NAME	elle Cohen		3 Filer ID (Ethics Commission Filers)		
4 Date	1 Caro Por				7 Amount of contribution (\$)
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8 Principal occu	pation / Job title (See Instructions)			er (See Instruction	ons)
Date	_	out-of-state PAC			Amount of contribution (\$)
	Contributor address;	City;	State; Z	1	
Principal occup	ation / Job title (See Instructions)		Employe	er (See Instruction	ons)
Date				)	Amount of contribution (\$)
	Contributor address;	City;		ip Code	
Principal occup	pation / Job title (See Instructions)		Employe	er (See Instructi	ons)
Date	Full name of contributor	out-of-state PAC	(ID#:	)	Amount of contribution (\$)
	Contributor address;	City;	State; Z	ip Code	
Principal occu	pation / Job title (See Instructions)		Employe	er (See Instructi	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legat 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	complete this form.		
1 Total pages Schedule F1:	2 AILER MAME Cohen	and the state of t	3 Filer ID (Ethics	s Commission Filers)
47 7 26/22	5 Payee name Vistapant			
6 Amount (\$)	7 Payee address:	Cîty;	State;	Zip Code
75.08	275 Wymen Steet	Walthorn	AM	02451
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		:
PURPOSE OF EXPENDITURE	Printing Experse	Rock	iard.	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought tays (with)	ommissiel	Office held
Date	Payee name	J		
7/27/22	bis Buelet			
Amount (\$)	Payee address;	City;	State;	Zip Code
26-35	8706 Brodinton	(Austin	JX	78
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Severy &-			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder tiving	) expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OI	Michelle Corben H	ays (ount le	ummissing (	kt7
Date	Payee name			
7/29/22	broadway bonk			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.00	5809 Kyle Gorkway	لايلا	TX	78640
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	kes	Bonk	in,	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Ot	Candidate / Officeholder name	Office sought	DAMMSEY Q	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

#### SCHEDULE F1

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

		EXPENDITUR	E CATEGO	RIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services	Expense P	Office Overtrolling Experienting Experientin	ense ges/Contract Labor	Solicitation/Fund Transportation Ed Travel In District Travel Out Of Dis Other (enter a cal	quipment & Ref strict	ated Expense
		The Instruction Gu	ide explains n	IOW TO CO	mplete this form.			
Total pages Schedule F1:	MICH	all Colu	h		aspanjem veronicka	3 Filer ID (Et	hics Commiss	sion Filers)
8 2 2 2 2	5 Payeen	twords						
6 Amount (\$)	7 Payee a	ddress;			City;	State;	Zip C	ode
67.11	273	5 Wymar	. Street	+	Walthon	MA	02	421
3	(a) Catego	y (See Categories listed at	the top of this sch	edule)	(b) Description			************
PURPOSE OF EXPENDITURE	Pn	ntin Expe	unge	and the state of t	Post an	d >		
	(c)	Check if travel outside of Texa	s. Complete Scher	dule T.	Check if Austin	n, TX, officeholder li	ving expense	
9 Complete ONLY if direct expenditure to benefit C/O	11 2 2 1	tate / Officeholder nar	ne H	rays (	Office sought	35n.Pct	Office he	∍ld
Date	Payee n	ame			<u> </u>			
8/18/55	W	ix. Con						
Amount (\$)	Payee a	ddress;			City;	State;	Zip C	ode
20.56	16	91 Michi	sen A	tue -	Mionilea	ih FL	33	3139
	Categor	y (See Categories listed at the	ne top of this sche	dute)	Description			
PURPOSE OF EXPENDITURE		See			Creps.7	Q		
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Complete ONLY if direct expenditure to benefit C/Oł		late / Officeholder nar	ne	Ha	Office sought	nnissa	Office he	∍ld
Date	Payee r	ame						
Amount (\$)	Payee a	ddress;			City;	State;	Zip C	ode
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the	ne top of this sche	dule)	Description	Manager of the lands of the lan		

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

### SCHEDULE F1

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

Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	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/Fundrats Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
•	The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1:	2/Filer NAME Cohon		3 Filer ID (Ethics	Commission Filers)
4 Data   10   22	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
24.00	555 Veterous Or.	Ksle	TK	78643
8	(a) Category (See Categories listed at the top of this so		-	
PURPOSE OF EXPENDITURE	30.80 Offer	Po Box	s set	
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  Mi Chilly Gutterne Cohy	Hay Cowh	enum etz	Office held
Date	Payee name			
8/15/22	Amazon/Gton	1010		
Amount (\$)	Payee address;	City;	State;	Zip Code
35.69	410 Terry Aut.	Scattle	Wt	98109
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PURPOSE		-1.		
OF EXPENDITURE	Other	shock	es.	
LA LHOHOLL				
	Check if travel outside of Texas. Complete Sch	hedule T. Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Michello Butienez Colu-	- Hay Count	Omniber Pa	Office held
Date	Payee name			
8/15/22	Super Cleap Si	ms		
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249.03	9200 Waterford @	who Blue Hice	. Acuting Th	(7875}
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PURPOSE OF EXPENDITURE	Printing Expense	Sim	. 2 .	
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	A	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/Ot	Michello Gutrenez Cohen	Hays County Con	unissee Pet 2	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED	

### SCHEDULE F1

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

	counting/Banking Fees Office Or Office Or Polling Expense Food/Beverage Expense Prolling Expense Standidate/Officeholden/Political Committee Legal Services Sataries/		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 complete this form.							
1 Total pages Schedule F1:	2 FILER NAME When		3 Filer ID (Ethics Commission Filers)				
4 Date / Ph/22	5 Payee name VISTAP(Int						
6 Amount (\$) 154.68	2) Payee address; 2) Syrum Street	Walthern	MA 02421				
8	(a) Category (See Categories listed at the top of this so						
PURPOSE OF EXPENDITURE	Printing Expers	Kael	cards.				
	(c) Check if travel outside of Texas. Complete Sch	neduleT. Check if Aust	in, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  NICKILO Cutterver Cher	Office sought	Office held				
Date	Payee name						
8/12/55	Office apot						
Amount (\$)	Payee address;	City;	State: Zip Code				
43.30	5300 Mepac ExpyFIOT	Austin	TX 78749				
	Category (See Categories listed at the top of this sol		^				
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	Check if travel outside of Texas. Complete Sch	tin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
Complete ONLY if direct expenditure to benefit C/Ol	Michelle Butierra Cohen	Hays County	annissiar letz				
Date	Payee name						
8/31/22	Broadway Bonk						
Amount (\$)	Payee address;	City;	State; Zip Code				
4.00	5809 Kyle Porkway	Kylo	Dr98C XT				
	Category (See Categories listed at the top of this sol	hedule) Description					
PURPOSE OF EXPENDITURE	Barkis	feer					
	Check if travel outside of Texas. Complete Sch	hedule T. Check if Aus	tin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Hay Santy	Office held				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memoriats Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing 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 complete this form.			
1 Total pages Schedule F1:	2) FILER NAME (Sheh)  3 Filer ID (Ethics Commission Filers)				
4 Date   2   2 L	5 Rayee name				
20.5V	7 Payee address; 1691 Michigen Aup.	Mionin bea	State; Zip Code  R 33139		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci	hedule) (b) Description	٨		
	(c) Check if travel outside of Texas. Complete Solve	edule T. Check if Aus	tin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Wickle Cretreporto	office sought	Office held		
Date 9 15 72	Payee name  Square Inc.				
Amount (\$)	Payee address;	City;	State; Zip Code		
0.01	1455 Market Street	Suitele 00 Su	ntranciso, (A 94103		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Description	en chut		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Wi chell buthermer Coten Hay Cond Commission Pet					
Date	Payee name				
9/20/22	Vistaprint				
Amount (\$)	Payee address;	City;	State; Zip Code		
187.48	275 Wywnon-Street	Wolther	MA 02451		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch		-cods		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Wille Gutterra Coher	Office sought Hayslound	Contrassa Pa7		
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED		

#### SCHEDULE F1

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

it are requeeted into	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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)	
Total pages Schedule F1:	2 FILER NAME WILL COLOR	-	3 Filer ID (Ethics Commission Filers)	
Date 9 20 22	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
38.59	410 Terry Ave.	Seattle	WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	th Stract.	
	(c) Check if travel outside of Texas. Complete Sc	heduleT. Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held	
Date Col 18/22	Payee name  Amaca / Kuns	Stalar Ster		
Amount (\$)	Payee address:	City;	State; Zip Code	
106.65	410 Ters Ave.	Seattle	ux 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Description Shock	ivs/staller	
	Check if travel outside of Texas. Complete So	thedule T. Check if Aus	stin, TX, officeholder living expense	
Complete ONLY if direct candidate / Office hold expenditure to benefit C/OH Candidate / Office hold expenditure to benefit				
Date	Payee name			
9/20/22	office Dept			
Amount (\$)	Payee address;	City;	State; Zip Code	
85.51	5300 Mopar Expy#	Flor Awting ?	78745	
	Category (See Categories listed at the top of this s			
PURPOSE OF EXPENDITURE	Printing Expres	Core	Q 5	

Complete ONLY if direct expenditure to benefit C/OHM; Chelle Outcome

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	orment & Related Expense
1 Total pages Schedule F1:	2 FILER N	. 1 11 1			3 Filer ID (Ethic	s Commission Filers)
4 Date 0/10/22	5 Payeen	ame nuelita				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
71.59	215	11 Interstate 35		Kyc	TX	71640
8 PURPOSE OF EXPENDITURE		ory (See Categories listed at the top of thi	is schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	A at	date / Officeholder name	w )	Hay County	Commission C	Office held
Date	Payee n	ame				
9/22/22	UZ	ps. com				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
242.10	553	Vekran Dr.		Kyle	X	78640
PURPOSE OF EXPENDITURE	Categor	ry (See Categories listed at the top of this	schedule)	Description	v S	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Ol		date / Officeholder name	~ 1	Office sought Hay Wint G	muterla	Office held
Date	Payee	name		J		
9/23/22	Vis	staprint				
Amount (\$)	Payee a	address;		City;	State:	Zip Code
84.01	275	Wymr Street	-	Walther	MA	03421
PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this	s schedule)	Description	L Card	*
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder tivin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate / Officeholder name	ahu	Acry Card	Congresse	Office held

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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)	
1 Total pages Schedule F1:	2) FILER MAMAS CELEN		3 Filer ID (Ethics Commission Filers)	
4 Date 0   11   22	5 Payde name Shell Serve			
6 Amount (\$)	7 Payee address; 102 Creetside Trail	city: Kyle	State: Zip Code TX 71640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	track	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held	
9/26/22	Payee name  Wal-nert	· J		
Amount (\$)	Payee address: 5754 Kylo Porkway	city: . KSLe	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	hedule) Description Sheed	L'S	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Michila Cutrerrez Cah	Office sought Hey(out)	Office held	
9/Helzz	Evica Frente	>		
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so		a Instituti	
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  H Wichille Cuttervel Colon	Office sought Hay Count	Office held	
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l		-4-4- 4	Paris de augustos	

### SCHEDULE F1

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

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Confributions/Donations Made B Candidate/Officeholder/Politica	Fees Of Food/Beverage Expense Pro Gift/Awards/Memorials Expense Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense sliing Expense inting Expense sleries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Relat Travel in District Travel Out Of District Other (enter a category not listed in	
Credit Card Payment	The instruction Guide explains he	ow to complete this form.		
Total pages Schedule F1:	2/ FHER WHILE COLEN		3 Filer ID (Ethics Commission	on Filers)
9 / He 22	5 Payee name Chevron			
Amount (\$)	7 Payee address;	City;	State; Zip Co	de
3.98	2101 Beber Rd.	Kyle	TX 786	69
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scho			
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate Officeholder name  Michelle Cationes Cohe	Office sought Hay Cout (	Office hel	ď
Date	Payee name			
9/30/22	Supr Cheap Sig	ins		
Amount (\$)	Payee address;	City;	State; Zip Co	de
605.19	9200 Waterford Cen	er Bluttion Au	the X nite	
	Category (See Categories listed at the top of this sched	tule) Description		
PURPOSE OF EXPENDITURE	Printing	Sign	~	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Comm Sycr Rt 2	d
9/30/22	Broadway Dank			
Amount (\$)	Payee address;	City;	State; Zip Co	de
4.00	5809 Kyle Porkewa	y Kyle	-x -7864	0
	Category (See Categories listed at the top of this sched	dute) Description		
PURPOSE OF EXPENDITURE	Fee	Roule	C	
	Check if travel outside of Texas. Complete Sched	tole T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct	\ Candifate./(Officekolder name ,	Office sought	Office he	eld

expenditure to benefit C/OH

#### SCHEDULE F1

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

	EXPENDITURE CATEGO	RIES FOR BOX 6(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees O Food/Beverage Expense Pr Gift/Awards/Memorials Expense Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense initing Expense alaries/Wages/Contract Labor ow 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)
1 Total pages Schedule F1:	2 FILER NAME LA COLEN		3 Filer ID (Ethics Commission Filers)
4 Date 10 3 22	5 Payee name		
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
20.56	1691 Michigen Ave.	Maini back	- FL 33135
8	(a) Category (See Categories listed at the top of this sche		
PURPOSE OF EXPENDITURE	fee	websi	Le-
	(c) Check if travel outside of Texas. Complete Scheo	duleT. Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Hays County (x)	Office held  WM/SS/KREV (CE 7
Date	Payee name		
9/19/22	USPS 80 Bex		
Amount (\$)	Payee address;	City;	State; Zip Code
48.00	555 Velevas Or.	Kyle	TX 78640
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	fer	PC	Rex
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name  With Chille (Sheh)	Office sought	Office held  Office held
Date	Payee name	<u> </u>	

Amount (\$)

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

City;

Description

Office sought

State;

Check if Austin, TX, officeholder living expense

Zip Code