

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: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Marie M NICKNAME LAST SUFFIX Cohen	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="text-align: center; color: blue; font-weight: bold;">NOV 01 2022</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> 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 type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 16 / 22 THROUGH 10 / 31 / 2022		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 8 / 22 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Hays County Commissioner Pct 2	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS 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		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)	\$ 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 LAST DAY OF REPORTING PERIOD	\$ 1338.25
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 1418 Quinton Cove Kyle TX 78640 USA
 (street) (city) (state) (zip code) (country)
 Executed in Hays County, State of Texas, on the 1 day of November, 20 22
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Michelle Cohen</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>800.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4.00</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 6
2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 7/27/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hays County Democratic Party 6 Contributor address; City; State; Zip Code PO Box 204 San Marcos TX 78667	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Political Party		9 Employer (See Instructions) N/A
Date 7/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gabrielle Moore Contributor address; City; State; Zip Code 814 N. Loop St. San Marcos TX 78666	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 7/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Sanchez Contributor address; City; State; Zip Code 118 Amberwood Way Kyle TX 78640	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) San Antonio College
Date 8/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Heiko Storz Contributor address; City; State; Zip Code 360 Turkey Hollow Wimberley TX 78694	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions) Home maker		Employer (See Instructions) N/A
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diane Shaktman	7 Amount of contribution (\$) 250.00
6 Contributor address: City; State; Zip Code 331 Creekside Dr. Buda, TX 78610		
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions) Self
Date 8/23/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dianne Feray	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 150 Gattin Creed Rd. Dripping Springs TX 78620		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Grant	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 339 Oyster Creek Buda TX 78610		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Therapy Center of Buda
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Tirado	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 80 Main Street #4 Nyack, NY 10960		
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Lightware Inc.
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 8/25/22	5 Full name of contributor Dianne Fray <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 150 Gattin Creek Rd - Dripping Springs TX 78620	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) not employee		9 Employer (See Instructions) not employee
Date 8/29/22	Full name of contributor Keith Young <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 7315 Scenic Brook Dr. Austin TX 78746	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Direct
Date 9/1/22	Full name of contributor Daniel Cohen <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 140 Overton Cove Kyle TX 78640	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Waterloo Car wash
Date 9/1/22	Full name of contributor Angelita Tobias <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 1818 Roland Ln Kyle TX 78640	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) AISD
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark Trahan	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 4421 Mather Kyle TX 78640		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) TX State University
Date 9/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tara Racine	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 291 Brunson Lane Wimberley, TX 78676		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 9/20/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harvey Davis	Amount of contribution (\$) 15.00
Contributor address; City; State; Zip Code 12604 Red Bud Trl. Buda, TX 78610		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 9/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lauralee Harris	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code PO Box 1232 Kyle TX 78640		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)
4 Date 9/23/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michelle Rentz 6 Contributor address; City; State; Zip Code 7621 N. Meyer St. Kyle TX 78640	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) LUN		9 Employer (See Instructions) Gr. Job Blomet
Date 9/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tara Racine Contributor address; City; State; Zip Code 291 Bronson Ln. Wimberley TX 78676	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employer
Date 9/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hays County Democratic Party Contributor address; City; State; Zip Code PO Box 204 San Marcos TX 78667	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Political Party		Employer (See Instructions) N/A
Date 10/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hays County Women's Political Caucus Contributor address; City; State; Zip Code 108 Camarow Way San Marcos, TX 78666	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Political Party		Employer (See Instructions) N/A
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>6</u>
2 FILER NAME <u>Michelle Cohen</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10/31/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>LanPac</u> 6 Contributor address; City; State; Zip Code <u>2925 Briarpark Dr. suite 400, Houston TX 77042</u>	7 Amount of contribution (\$) <u>\$500.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 10		2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)	
4 Date 7/26/22		5 Payee name Vistaprint			
6 Amount (\$) 75.08		7 Payee address: 275 Wymen Street		City: Waltham	State: MA
				Zip Code 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Rack card.		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Michelle Cohen		Office sought Hays County Commissioner 1st 2	Office held
Date 7/27/22		Payee name Big Bucket			
Amount (\$) 26.25		Payee address: 8706 Brodie Lane		City: Austin	State: TX
				Zip Code 78	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage ex-		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Michelle Cohen		Office sought Hays County Commissioner 1st 2	Office held
Date 7/29/22		Payee name Broadway Bank			
Amount (\$) 4.00		Payee address: 5809 Kyle Parkway		City: Kyle	State: TX
				Zip Code 78640	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees		Description Banking		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Michelle Cohen		Office sought Hays County Commissioner 1st 2	Office held

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME: Michelle Cohen		3 Filer ID (Ethics Commission Filers)	
4 Date: 8/2/22		5 Payee name: Vistaprint			
6 Amount (\$): 67.11		7 Payee address: 275 Wymen Street Waltham MA 02451			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Printing Expense		(b) Description: Post card		
	(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: Hays County Commissioner, Pct 2	
Date: 8/18/22		Payee name: Wix.com			
Amount (\$): 20.56		Payee address: 1691 Michigan Ave. Miami Beach FL 33139			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): See		Description: Website		
	<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: Hays County Commissioner, Pct 2	
Date:		Payee name:			
Amount (\$):		Payee address: City: State: Zip Code:			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule):		Description:		
	<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:		Office sought: Office held:	

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>10</u>		2 FILER NAME <u>Michelle Cohen</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>8/10/22</u>		5 Payee name <u>USPS</u>			
6 Amount (\$) <u>24.00</u>		7 Payee address; <u>555 Veterans Or.</u>		City; <u>Kyle</u>	State; <u>TX</u>
				Zip Code <u>78040</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>no. box fee</u>		(b) Description <u>PO Box fee</u>		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Michelle Gutierrez Cohen</u>		Office sought <u>Hays County Commissioner Pct 2</u>	Office held
Date <u>8/15/22</u>		Payee name <u>Amazon / Gotongolico</u>			
Amount (\$) <u>35.69</u>		Payee address; <u>410 Terry Ave.</u>		City; <u>Seattle</u>	State; <u>WA</u>
				Zip Code <u>98109</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>other</u>		Description <u>stickers</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Michelle Gutierrez Cohen</u>		Office sought <u>Hays County Commissioner Pct 2</u>	Office held
Date <u>8/15/22</u>		Payee name <u>Super Cheap Signs</u>			
Amount (\$) <u>249.03</u>		Payee address; <u>9200 Waterford Centre Blvd #100 Austin TX 78758</u>		City; <u>Austin</u>	State; <u>TX</u>
				Zip Code <u>78758</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		Description <u>signs</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Michelle Gutierrez Cohen</u>		Office sought <u>Hays County Commissioner Pct 2</u>	Office held

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)	
4 Date 8/22/22		5 Payee name Vistaprint			
6 Amount (\$) 154.68		7 Payee address; 275 Wymen Street		City; Waltham	State; MA Zip Code 02451
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Letter cards		
	(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 Gutierrez Cohen		Office sought Hays County Commissioner At-Large	Office held
Date 8/25/22		Payee name Office Depot			
Amount (\$) 43.30		Payee address; 5300 Mopac Expy #101		City; Austin	State; TX Zip Code 78749
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Prints Expense		Description Business Cards		
	<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 Gutierrez Cohen		Office sought Hays County Commissioner At-Large	Office held
Date 8/31/22		Payee name Broadway Bank			
Amount (\$) 4.00		Payee address; 5809 Kyle Parkway		City; Kyle	State; TX Zip Code 78640
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Bank's		Description Fees		
	<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 Gutierrez Cohen		Office sought Hays County Commissioner At-Large	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>10</u>		2 FILER NAME <u>Michelle Cohen</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>9/2/22</u>		5 Payee name <u>Wix.com</u>			
6 Amount (\$) <u>20.56</u>		7 Payee address; <u>1641 Michigan Ave.</u>		City; <u>Miami Beach</u>	State; <u>FL</u>
				Zip Code <u>33139</u>	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Other</u>		(b) Description <u>website</u>	
		(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 <u>Michelle Gutierrez Cohen</u>		Office sought <u>Hays County Commissioner</u>	Office held <u>at</u>
Date <u>9/15/22</u>		Payee name <u>Square Inc.</u>			
Amount (\$) <u>0.01</u>		Payee address; <u>1455 Market Street Suite 600</u>		City; <u>San Francisco, CA</u>	State; <u>CA</u>
				Zip Code <u>94103</u>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Other</u>		Description <u>system check</u>	
		<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 <u>Michelle Gutierrez Cohen</u>		Office sought <u>Hays County Commissioner</u>	Office held <u>at</u>
Date <u>9/20/22</u>		Payee name <u>Vistaprint</u>			
Amount (\$) <u>187.48</u>		Payee address; <u>275 Wyman Street</u>		City; <u>Waltham</u>	State; <u>MA</u>
				Zip Code <u>02451</u>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Printing Ex pens</u>		Description <u>Reel-Cards</u>	
		<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 <u>Michelle Gutierrez Cohen</u>		Office sought <u>Hays County Commissioner</u>	Office held <u>at</u>

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 10		2 FILER NAME: Michelle Cohen		3 Filer ID (Ethics Commission Filers)	
4 Date: 9/20/22		5 Payee name: Amazon			
6 Amount (\$): 38.89		7 Payee address: 410 Terry Ave.		City: Seattle	State: WA Zip Code: 98109
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Event Expense		(b) Description: tablecloth / sticker		
	(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 Gutierrez Cohen Office sought: Hays County Commissioner Ptz Office held:					
Date: 9/20/22		Payee name: Amazon / Kers Sticker star			
Amount (\$): 106.65		Payee address: 410 Terry Ave.		City: Seattle	State: WA Zip Code: 98109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): other		Description: stickers / stickers		
	<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 Gutierrez Cohen Office sought: Hays County Commissioner Ptz Office held:					
Date: 9/20/22		Payee name: office Dept			
Amount (\$): 85.51		Payee address: 5300 Mopac Expy #101		City: Austin TX	State: TX Zip Code: 78719
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Printing Expense		Description: cards		
	<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 Gutierrez Cohen Office sought: Hays County Commissioner Ptz Office held:					

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)	
4 Date 9/10/22		5 Payee name Ahuvelita			
6 Amount (\$) 71.59		7 Payee address; City; State; Zip Code 21511 Interstate 35 Kyle TX 78640			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description fees		
	(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 Gutierrez Cohen Office sought Hays County Commissioner Etc Office held					
Date 9/22/22		Payee name USPS.com			
Amount (\$) 242.10		Payee address; City; State; Zip Code 555 Vekun Dr. Kyle TX 78640			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) oth		Description stamps		
	<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 Gutierrez Cohen Office sought Hays County Commissioner Etc Office held					
Date 9/23/22		Payee name Vistaprint			
Amount (\$) 84.01		Payee address; City; State; Zip Code 275 Wymer Street Waltham MA 02451			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Rock Card		
	<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 Gutierrez Cohen Office sought Hays County Commissioner Etc Office held					

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Advertising Expense
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Candidate/Officeholder/Political Committee
Credit Card Payment

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Food/Beverage Expense
Gift/Awards/Memorials Expense
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Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME: Michelle Cohen		3 Filer ID (Ethics Commission Filers)	
4 Date: 9/16/22		5 Payee name: Shell Service			
6 Amount (\$): 20.12		7 Payee address: 102 Creekside Trail		City: Kyle	State: TX Zip Code: 78640
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): travel in district		(b) Description: travel		
	(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 Gutierrez Cohen		Office sought: Hays County Commissioner	Office held:
Date: 9/16/22		Payee name: Wal-mart			
Amount (\$): 59.84		Payee address: 5754 Kyle Parkway		City: Kyle	State: TX Zip Code: 78646
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Expense		Description: Snacks		
	<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 Gutierrez Cohen		Office sought: Hays County Commissioner	Office held:
Date: 9/16/22		Payee name: Erica Fuentes			
Amount (\$): 100.00		Payee address:		City:	State: TX Zip Code:
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Expense		Description: Zumba Incentive		
	<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 Gutierrez Cohen		Office sought: Hays County Commissioner	Office held:

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SCHEDULE F1

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Candidate/Officeholder/Political Committee
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Food/Beverage Expense
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Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)	
4 Date 9/16/22		5 Payee name Chen			
6 Amount (\$) 3.98		7 Payee address; 2101 Bebee Rd.		City; Kyle	State; TX
				Zip Code 78640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Exp		(b) Description ICE		
	(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 Catherine Cohen		Office sought Hays County Commissioner Rtz	Office held
Date 9/30/22		Payee name Supr Cheap Signs			
Amount (\$) 605.19		Payee address; 9200 Waterford Center Blvd #100 Austin, TX		City; Austin	State; TX
				Zip Code 78751	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Signs		
	<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 Hays County Commissioner Rtz	Office held
Date 9/30/22		Payee name Broadway Bank			
Amount (\$) 4.00		Payee address; 5809 Kyle Parkway		City; Kyle	State; TX
				Zip Code 78640	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee		Description Bank		
	<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 Hays County Commissioner Rtz	Office held

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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Candidate/Officeholder/Political Committee
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Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME Michelle Cohen		3 Filer ID (Ethics Commission Filers)	
4 Date 10/3/22		5 Payee name W.x.com			
6 Amount (\$) 20.56		7 Payee address: City: State: Zip Code 1691 Michigan Ave. Maimi Beach FL 33139			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fee		(b) Description website		
	(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 Office sought Office held Michelle Cohen Hays County Commissioner PC 2			
Date 9/19/22		Payee name USPS PO Box			
Amount (\$) 48.00		Payee address: City: State: Zip Code 555 Veterans Dr. Kyle TX 78640			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fee		Description PO Box		
	<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 Office sought Office held Michelle Cohen Hays County Commissioner PC 2			
Date 10/3/22		Payee name Broadway Bank			
Amount (\$) 4.00		Payee address: City: State: Zip Code 5809 Kyle Parkway Kyle TX 78640			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fee		Description Banking		
	<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 Office sought Office held Michelle Cohen Hays County Commissioner PC 2			

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