#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY M **OFFICEHOLDER** Mrs Marie NAME Date Received NICKNAME SUFFIX Hays Co. Elections 4 CANDIDATE/ ADDRESS / PO BOX; **OFFICEHOLDER** Quinten Care, Kyle, MAILING JUL 17 2023 ADDRESS Change of Address AREA CODE EXTENSION PHONE NUMBER 5 CANDIDATE/ **OFFICEHOLDER** (512) 902-12 PHONE Amount S Receipt # MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Mr. Date Processed NAME SUFFIX NICKNAME Date Imaged ZIP CODE STATE; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN 78640 TREASURER 148 Quinten Cove ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER (5K) 656-3999 PHONE 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) Exceeded Modified July 15 8th day before election Reporting Limit 10 PERIOD COVERED 130 /23 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Month Description General Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Hous County Commission THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE! OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES, POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE 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

	The state of the s	
15 C/OH NAME	Johan	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)	\$ 7884.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7801.26
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA     OF REPORTING PERIOD	× \$ 3.99
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	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.	correct and includes all information
	and	
	Signature of Candida	ate or Officeholder
	Please complete either option below:	
	. issue complete child option solot,	
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	day of
		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
	OR	
(2) Unavers Declarati		
(2) Unsworn Declarati	on	
My name is Marie	Michelle Cohen, and my date of birth is J	me 23,1971
1.10	Juinten Cove ! Ilde . The	78640 USA.
h.	(street) (city) (state)	(zip code) (country)
Executed in Hay!	County, State of Texas, on the to day of July	, 20 23.
1	(month)	(year)
	Signature of Candidate/C	Officeholder (Declarant)

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19		ics Commission Filers)			
	Marie Michelle Cohen				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1066138			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	yment/Reimbursement rheed/Rental Expense pense pense /eges/Contract Labor omplete 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 Marie Cohen		3 Filer ID (Ethics Commission Filers)			
4 Date 1 3 23	5 Payee name	1				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
145.67	5401 Farm to Mortet	-kd kyle	TX 78640			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Level	Sweeners	in event			
EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/Or	michelle loden		Canylenuissener			
Date	Payee name					
1 3 23	Wix.com					
Amount (\$)	Payee address;	City;	State; Zip Code			
20,56	1691 Michigan. Ave.	Miani Bea	ach FL 33139			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Ser S	beboth	-0			
EXPENDITURE	266.2	acost.	~			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	Michelle Cohen		County Coursinz			
Date	Payee name		9			
1/31/23	Broadway Bonk					
Amount (\$)	Payee address;	City;	State; Zip Code			
4.00	5809 Kyle Portway	Kyle	TX 78640			
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EXPENDITURE (C)						
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Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
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### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epaymen//Reimbu/sement overhoad//Rental Expense Expense Expenso o/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
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389,34	247 Pebblo Creek	Buda	TX 78610			
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Date !	Payee name					
4323	Wix. com					
Amount (\$)	Payee address;	City;	State; Zip Code			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE F1

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6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
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	(c) Check if travel outside of Texas. Complete Sc	chedule T. Check if Ausl	tin, TX, officeholder living expense	
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### SCHEDULE F1

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

#### SCHEDULE F1

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