

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form		1 Filer ID(Ethics Commission filers)	2 Total pages filed	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY
	Mrs.	Ellen		
NICKNAME	LAST	SUFFIX		
				Date Received 10/5/2015
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
	2929 Buffalo Speedway #911 Houston TX 77098			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
(713) 960-0548				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	Receipt #
	Ms.	Jackie		Amount
NICKNAME	LAST	SUFFIX		Date Processed
				Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY; STATE; ZIP CODE	
423 Westmoreland Houston TX 77006				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
(713) 960-0548				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)			
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
7/1/2015			9/24/2015	
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE		
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13	OFFICE SOUGHT (if known)	
City Council - District C				

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 FILER NAME Ellen Cohen 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GENERAL
 SPECIFIC

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$13,535.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$17,866.47
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$164,675.12
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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.

Ellen Cohen

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Ellen Cohen		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	13,535.00
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4	SCHEDULE E: LOANS	
5	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	17,866.47
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
9	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
11	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

C/OH NAME Ellen Cohen

ACCOUNT # (Ethics
Commission filers)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME Ellen Cohen			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Mark Klein	7	Amount of contributions (\$)
	7/1/2015	6 Contributor address; City; State; Zip Code Houston TX 77018		100.00
8	Principal occupation / Job title (See Instructions) Marketing		9	Employer (See Instructions) Mark Klein Content
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Eric and Jill Cohen	7	Amount of contributions (\$)
	7/1/2015	6 Contributor address; City; State; Zip Code Aspen CO 81611		100.00
8	Principal occupation / Job title (See Instructions) Real Estate		9	Employer (See Instructions) ASSIR
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Plumbers Local Union No. 68	7	Amount of contributions (\$)
	7/13/2015	6 Contributor address; City; State; Zip Code Houston TX 77249		1,000.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Cigna	7	Amount of contributions (\$)
	8/13/2015	6 Contributor address; City; State; Zip Code Houston TX 77056		500.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)	
8/26/2011	John Eldridge ----- 6 Contributor address; City; State; Zip Code Houston TX 77030	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Haynes Boone	
8/28/2011	Pamela Klein ----- 6 Contributor address; City; State; Zip Code Houston TX 77024	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired	
8/22/2015	Mac Hoak ----- 6 Contributor address; City; State; Zip Code Houston TX 77006	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions) Retail		9 Employer (See Instructions) Mecox	
8/27/2015	Myra Lipper ----- 6 Contributor address; City; State; Zip Code Houston TX 77095	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) Program director		9 Employer (See Instructions) Retired	
4	BYRON YORK ----- 6 Contributor address; City; State; Zip Code	7	Amount of contributions (\$) 100.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)	
8/27/2015	6 Contributor address; City; State; Zip Code Houston TX 77030	25.00	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Retired	
4 Date 8/27/2015	5 Full name of contributor Robert Burress out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77008	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Allergy & ENT Associates	
4 Date 8/27/2015	5 Full name of contributor Kellie Jenks out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Bellaire TX 77401	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) TRC Capital partners (Redstone)	
4 Date 8/27/2015	5 Full name of contributor Elizabeth Tudor out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77025	7	Amount of contributions (\$) 50.00
8 Principal occupation / Job title (See Instructions) Technical Marketing Analyst		9 Employer (See Instructions) Self-Employed	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME Ellen Cohen			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Garnet Coleman	7	Amount of contributions (\$)
	8/27/2015	6 Contributor address; City; State; Zip Code Houston TX 77288		1,000.00
8	Principal occupation / Job title (See Instructions) Consultant		9	Employer (See Instructions) Self Employed
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Cece Fowler	7	Amount of contributions (\$)
	8/27/2015	6 Contributor address; City; State; Zip Code Houston TX 77006		250.00
8	Principal occupation / Job title (See Instructions) Volunteer		9	Employer (See Instructions) Retired
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Sally Bradford	7	Amount of contributions (\$)
	8/27/2015	6 Contributor address; City; State; Zip Code Sugar Land TX 77479		100.00
8	Principal occupation / Job title (See Instructions) Executive Director		9	Employer (See Instructions) Greenspoint Redevelopment Authority
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Barry Lewis	7	Amount of contributions (\$)
	8/27/2015	6 Contributor address; City; State; Zip Code Houston TX 77056		1,000.00
8	Principal occupation / Job title (See Instructions) President of Goldeneye Inc		9	Employer (See Instructions) Self
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)	
8/27/2015	Bette Pesikoff ----- 6 Contributor address; City; State; Zip Code Houston TX 77098	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self	
8/27/2015	Larry Buck ----- 6 Contributor address; City; State; Zip Code Houston TX 77024	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions) Risk Management Consultant		9 Employer (See Instructions) Larry W. Buck & Associates	
8/27/2015	John Zammito ----- 6 Contributor address; City; State; Zip Code Houston TX 77098	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) professor		9 Employer (See Instructions) Rice University	
8/27/2015	sandy Bryan ----- 6 Contributor address; City; State; Zip Code Houston TX 77005	7	Amount of contributions (\$) 750.00
8 Principal occupation / Job title (See Instructions) small business owner		9 Employer (See Instructions) self	
8/27/2015	Carol BROWNSTEIN ----- 6 Contributor address; City; State; Zip Code	7	Amount of contributions (\$) 750.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:	
2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)	
8/27/2015	6 Contributor address; City; State; Zip Code Houston TX 77006	7 Amount of contributions (\$) 25.00	
8 Principal occupation / Job title (See Instructions) Educatio coordinater		9 Employer (See Instructions) retired	
4 Date 8/28/2015	5 Full name of contributor Edwin Cabaniss out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Dallas TX 75208	7 Amount of contributions (\$) 500.00	
8 Principal occupation / Job title (See Instructions) Entertainment		9 Employer (See Instructions) Kessler	
4 Date 8/28/2015	5 Full name of contributor Julia Mazow out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77025	7 Amount of contributions (\$) 50.00	
8 Principal occupation / Job title (See Instructions) English instructor		9 Employer (See Instructions) Retired	
4 Date 8/28/2015	5 Full name of contributor Marcie Zlotnik out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77005	7 Amount of contributions (\$) 10.00	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
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2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)	7	Amount of contributions (\$)
9/1/2015	Stanley & Jonni Almoney				100.00
6 Contributor address; City; State; Zip Code					
			Houston TX 77006		

8 Principal occupation / Job title (See Instructions) retired	9 Employer (See Instructions) retired
--	--

4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)	7	Amount of contributions (\$)
9/1/2015	ROANNE STERN				50.00
6 Contributor address; City; State; Zip Code					
			Houston TX 77004		

8 Principal occupation / Job title (See Instructions) RETIRED	9 Employer (See Instructions) RETIRED
--	--

4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)	7	Amount of contributions (\$)
9/1/2011	PAC of Winstead PC				1,000.00
6 Contributor address; City; State; Zip Code					
			Dallas TX 75201		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)	7	Amount of contributions (\$)
9/2/2015	Lawrence Kagan				250.00
6 Contributor address; City; State; Zip Code					
			Houston TX 77024		

8 Principal occupation / Job title (See Instructions) Commercial Real Estate	9 Employer (See Instructions) Kagan Realty Investors
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)	
9/10/2015	Ryan Haley ----- 6 Contributor address; City; State; Zip Code Houston TX 77098	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Barbour Investments	
9/10/2015	4 Date 5 Full name of contributor Steven Paletz out of state PAC(ID#) ----- 6 Contributor address; City; State; Zip Code Houston TX 77096	7	Amount of contributions (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Schlanger, Silver, Barg & Paine	
9/11/2015	4 Date 5 Full name of contributor Joellen Brayshaw out of state PAC(ID#) ----- 6 Contributor address; City; State; Zip Code Houston TX 77006	7	Amount of contributions (\$) 25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired	
9/11/2015	4 Date 5 Full name of contributor Linda Condit out of state PAC(ID#) ----- 6 Contributor address; City; State; Zip Code Houston TX 77024	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired	
9/11/2015	4 Date 5 Full name of contributor J. Kent Friedman out of state PAC(ID#)	7	Amount of contributions (\$) 100.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)	
9/3/2011	6 Contributor address; City; State; Zip Code Houston TX 77010	500.00	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Haynes Boone	
4 Date 9/14/2015	5 Full name of contributor David Smith out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77007	7	Amount of contributions (\$) 50.00
8 Principal occupation / Job title (See Instructions) HR Manager		9 Employer (See Instructions) Shell Oil Company	
4 Date 9/20/2015	5 Full name of contributor Jerry Blum out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77098	7	Amount of contributions (\$) 50.00
8 Principal occupation / Job title (See Instructions) realtor		9 Employer (See Instructions) Heritage Texas Properties	
4 Date 9/20/2015	5 Full name of contributor Douglas Cowey out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77098	7	Amount of contributions (\$) 50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME Ellen Cohen			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Lewis Foxhall	7	Amount of contributions (\$)
	9/20/2015	6 Contributor address; City; State; Zip Code Houston TX 77005		500.00
8	Principal occupation / Job title (See Instructions) physician		9	Employer (See Instructions) MD Anderson Cancer Center
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Harris Jacobs	7	Amount of contributions (\$)
	9/20/2015	6 Contributor address; City; State; Zip Code Houston TX 77098		100.00
8	Principal occupation / Job title (See Instructions) CPA		9	Employer (See Instructions) BDO USA LLP
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Jeanette Rash	7	Amount of contributions (\$)
	9/23/2015	6 Contributor address; City; State; Zip Code Houston TX 77020		250.00
8	Principal occupation / Job title (See Instructions) President		9	Employer (See Instructions) Zone One Auto/Fast Tow
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Jeanette Rash	7	Amount of contributions (\$)
	9/23/2015	6 Contributor address; City; State; Zip Code Houston TX 77020		300.00
8	Principal occupation / Job title (See Instructions) President		9	Employer (See Instructions) Zone One Auto/Fast Tow
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)	
8/29/2011	Lucinda Merrill ----- 6 Contributor address; City; State; Zip Code Bellaire TX 77401	7	Amount of contributions (\$) 50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Harris County	
9/8/2011	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Theldon Branch III ----- 6 Contributor address; City; State; Zip Code Houston TX 77025	7	Amount of contributions (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) The Branch Companies	
9/5/2011	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Madeleine Appel ----- 6 Contributor address; City; State; Zip Code Houston TX 77096	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) City of Houston	
9/24/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Marc Grossberg ----- 6 Contributor address; City; State; Zip Code Houston TX 77002	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Thompson & Knight LLP	
4	Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Rob Scamardo	7	Amount of contributions (\$) 50.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total Pages Schedule A1:

2 FILER NAME Ellen Cohen 3 Filer ID (Ethics Commission filers)

9/24/2015	6 Contributor address; City; State; Zip Code	250.00
	Houston TX 77025	

8 Principal occupation / Job title (See Instructions) attorney	9 Employer (See Instructions) Rogers, Morris & Grover, LLP
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4 Date 9/24/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Bobby V. Singh	7 Amount of contributions (\$) 500.00
	6 Contributor address; City; State; Zip Code	
	Houston TX 77041	

8 Principal occupation / Job title (See Instructions) Consulting	9 Employer (See Instructions) Isani Consultants LP
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4 Date 9/24/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Laura Spanjian	7 Amount of contributions (\$) 100.00
	6 Contributor address; City; State; Zip Code	
	Houston TX 77006	

8 Principal occupation / Job title (See Instructions) Sustainability Director	9 Employer (See Instructions) City of Houston
--	--

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address; City; State; Zip Code	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A2:
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2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$
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5 Date	6 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	8 Amount of contributions (\$)	9 In-Kind contribution description
	7 Contributor address; City; State; Zip Code		
		<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (See Instructions)	11 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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule B:

2 FILER NAME Ellen Cohen

3 Filer ID (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: => => => => => =>

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC(ID# ____)	8 Amount of pledge (\$)	9. In-Kind contribution description
7 Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (See Instructions)

11 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

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total Pages Schedule E:	
2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: => => => => => =>			
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC(ID#)	9 Loan Amount (\$)	
6 Is Lender a Financial Institution?	8 Lender Address; City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of collateral <input type="checkbox"/> none		15	Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation		21 Employer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 9/21/2015	5 Payee name RIVER OAKS DONUTS	
6 Amount (\$) 38.16	7 Payee address; City; State; Zip Code 3601 Westheimer Rd Houston TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/21/2015	5 Payee name Samuel Kraus	
6 Amount (\$) 875	7 Payee address; City; State; Zip Code 1411 Ruth Street Houston TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/21/2015	5 Payee name Net Victories	
6 Amount (\$) 800.00	7 Payee address; City; State; Zip Code PO Box 5013 Austin TX 78763	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Consulting Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Communications
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/18/2015	5 Payee name CREATESEND.COM		
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 3-5 Stapleton Avenue Ste. 404 Sutherland AUSTRALIA 2232		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Broadcast
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 9/18/2015	5 Payee name The Leader	
6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 3500-A East T.C. Jester Houston TX 77018	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Ad
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/16/2015	5 Payee name HEB	
6 Amount (\$) 123.93	7 Payee address; City; State; Zip Code 1701 W Alabama St Houston TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/16/2015	5 Payee name Samuel Kraus	
6 Amount (\$) 875.00	7 Payee address; City; State; Zip Code 1411 Ruth Street Houston TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Salaries/Wages/Contract Labor	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/11/2015	5 Payee name HOOTSUITE MEDIA INC.		
6 Amount (\$) 6.39	7 Payee address; City; State; Zip Code 5 East 8th Avenue Vancouver CANADA V5T 1R6		
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Communications
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 9/11/2015	5 Payee name Garden Oaks Civic Club	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 3800 N. Shepherd Dr. Houston TX 77018	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/10/2015	5 Payee name TEXAS DEMOCRATIC PARTY	
6 Amount (\$) 1,200.00	7 Payee address; City; State; Zip Code 4818 E Ben White Blvd #104 Austin TX 78741	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/10/2015	5 Payee name HOUSE OF COFFEE BEANS	
6 Amount (\$) 47.26	7 Payee address; City; State; Zip Code 2348 Bissonnet Houston TX 77005	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Food/Beverage Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/9/2015	5 Payee name PLAT PARKING		
6 Amount (\$) 2.00	7 Payee address; City; State; Zip Code 930 Main St Houston TX 77002		
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 9/8/2015	5 Payee name Brooke Boyett	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 1609 Castle Ct. #2 Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/8/2015	5 Payee name CLEAR	
6 Amount (\$) 57.48	7 Payee address; City; State; Zip Code Dept. CH 14365 Palatine IL 60055	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Service
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/8/2015	5 Payee name ADOBE	
6 Amount (\$) 16.23	7 Payee address; City; State; Zip Code 345 Park Ave. San Jose CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Computer Software
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 9/4/2015	5 Payee name THE RAVEN GRILL		
6 Amount (\$) 55.01	7 Payee address; City; State; Zip Code 1916 Bissonnet St Houston TX 77005		
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 9/3/2015	5 Payee name BULLSEYE STORAGE	
6 Amount (\$) 459.00	7 Payee address; City; State; Zip Code 3200 W. Dallas Houston TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/2/2015	5 Payee name MAIS RESTAURANT	
6 Amount (\$) 28.86	7 Payee address; City; State; Zip Code 403 Milam St Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/31/2015	5 Payee name EL TIEMPO	
6 Amount (\$) 180.94	7 Payee address; City; State; Zip Code 1308 Montrose Blvd Houston TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Food/Beverage Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/31/2015	5 Payee name TINY BOXWOODS		
6 Amount (\$) 30.52	7 Payee address; City; State; Zip Code 3614 W Alabama St Houston TX 77027		
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 8/31/2015	5 Payee name COMCAST	
6 Amount (\$) 110.02	7 Payee address; City; State; Zip Code 8590 W. Tidwell Rd. Houston TX 77040	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Service
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 8/28/2015	5 Payee name HOUSTONIAN HOTEL	
6 Amount (\$) 15.00	7 Payee address; City; State; Zip Code 111 N Post Oak Ln Houston TX 77024	
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 8/20/2015	5 Payee name Net Victories	
6 Amount (\$) 800.00	7 Payee address; City; State; Zip Code PO Box 5013 Austin TX 78763	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Consulting Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Communications
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/19/2015	5 Payee name Garden Oaks Civic Club		
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 3800 N. Shepherd Dr. Houston TX 77018		
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 8/18/2015	5 Payee name CREATESEND.COM	
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 3-5 Stapleton Avenue #404 Sutherland AUSTRALIA 2232	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Broadcast
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 8/17/2015	5 Payee name Samuel Kraus	
6 Amount (\$) 875.00	7 Payee address; City; State; Zip Code 1411 Ruth Street Houston TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 8/12/2015	5 Payee name LITTLE BIGS	
6 Amount (\$) 10.32	7 Payee address; City; State; Zip Code 4621 Montrose Blvd Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Food/Beverage Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 8/11/2015	5 Payee name HOOTSUITE		
6 Amount (\$) 6.39	7 Payee address; City; State; Zip Code 5 East 8th Avenue Vancouver CANADA V5T 1R6		
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	<input type="checkbox"/>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Communications
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 8/11/2015	5 Payee name FUNG`S KITCHEN	
6 Amount (\$) 76.08	7 Payee address; City; State; Zip Code 7320 Southwest Fwy #115 Houston TX 77074	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/11/2015	5 Payee name ACTBLUE	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 366 Summer Street Somerville MA 2144	
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/10/2015	5 Payee name ADOBE	
6 Amount (\$) 16.23	7 Payee address; City; State; Zip Code 345 Park Ave. San Jose CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Computer Software
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 8/5/2015	5 Payee name CLEAR		
6 Amount (\$) 57.48	7 Payee address; City; State; Zip Code Dept. CH 14365 Palatine IL 60055		
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Service
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 8/4/2015	5 Payee name REGISTER.COM	
6 Amount (\$) 76.00	7 Payee address; City; State; Zip Code 12808 Gran Bay Parkway Jacksonville FL 32258	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain Name
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/3/2015	5 Payee name Samuel Kraus	
6 Amount (\$) 875.00	7 Payee address; City; State; Zip Code 1411 Ruth Street Houston TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/3/2015	5 Payee name Brooke Boyett	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 1609 Castle Ct. #2 Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Consulting Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/3/2015	5 Payee name Net Victories		
6 Amount (\$) 700.00	7 Payee address; City; State; Zip Code PO Box 5013 Austin TX 78763		
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Communications
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 8/3/2015	5 Payee name BULLSEYE STORAGE	
6 Amount (\$) 459.00	7 Payee address; City; State; Zip Code 3200 W. Dallas Houston TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/31/2015	5 Payee name LITTLE BIGS	
6 Amount (\$) 38.40	7 Payee address; City; State; Zip Code 4621 Montrose Blvd Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/31/2015	5 Payee name Withdrawal	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 2435 W Alabama Houston TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing for Office
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 7/31/2015	5 Payee name OFFICIAL CHECKS CHARGE		
6 Amount (\$) 8.00	7 Payee address; City; State; Zip Code 2435 W Alabama Houston TX 77098		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 7/30/2015	5 Payee name KROGER	
6 Amount (\$) 123.86	7 Payee address; City; State; Zip Code 440 Studemont St Houston TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/30/2015	5 Payee name MAIS RESTAURANT	
6 Amount (\$) 4.53	7 Payee address; City; State; Zip Code 403 Milam St Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/29/2015	5 Payee name COMCAST	
6 Amount (\$) 110.02	7 Payee address; City; State; Zip Code 8590 W. Tidwell Rd. Houston TX 77040	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Service
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 7/28/2015	5 Payee name UBER		
6 Amount (\$) 37.63	7 Payee address; City; State; Zip Code 800 Market St San Francisco CA 94102		

8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 7/27/2015	5 Payee name AIA CRP	
6 Amount (\$) 323.45	7 Payee address; City; State; Zip Code 800 Winneconne Ave Neenah WI 54956	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Apparel
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/23/2015	5 Payee name UBER	
6 Amount (\$) 40.58	7 Payee address; City; State; Zip Code 800 Market St San Francisco CA 94102	
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/20/2015	5 Payee name Brooke Boyett	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 1609 Castle Ct. #2 Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Consulting Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 7/20/2015	5 Payee name Net Victories		
6 Amount (\$) 800.00	7 Payee address; City; State; Zip Code PO Box 5013 Austin TX 78763		
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Communications
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 7/20/2015	5 Payee name CREATESEND.COM	
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 3-5 Stapleton Avenue Ste. 404 Sutherland AUSTRALIA 2232	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Broadcast
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/20/2015	5 Payee name Norton	
6 Amount (\$) 86.59	7 Payee address; City; State; Zip Code 350 Ellis St Mountain View CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Computer Software
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/16/2015	5 Payee name Samuel Kraus	
6 Amount (\$) 875.00	7 Payee address; City; State; Zip Code 1411 Ruth Street Houston TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Salaries/Wages/Contract Labor	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Staff
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 7/15/2015	5 Payee name ACTBLUE		
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 366 Summer Street Somerville MA 2144		

8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/> <input type="checkbox"/>	(b) Description Houston Stonewall Young Democrats membership
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 7/13/2015	5 Payee name HOOTSUITE MEDIA	
6 Amount (\$) 6.48	7 Payee address; City; State; Zip Code 5 East 8th Avenue Vancouver CANADA V5T 1R6	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Communications
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/13/2015	5 Payee name NINO'S	
6 Amount (\$) 355.80	7 Payee address; City; State; Zip Code 2817 W Dallas St Houston TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/10/2015	5 Payee name ACTBLUE	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 366 Summer Street Somerville MA 2144	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Young Democrats membership
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 7/8/2015	5 Payee name ADOBE		
6 Amount (\$) 21.64	7 Payee address; City; State; Zip Code 345 Park Ave. San Jose CA 95110		

8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Computer Software
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 7/7/2015	5 Payee name Net Victories	
6 Amount (\$) 700.00	7 Payee address; City; State; Zip Code PO Box 5013 Austin TX 78763	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Communications
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/6/2015	5 Payee name OUTSMART MEDIA	
6 Amount (\$) 975.00	7 Payee address; City; State; Zip Code 3406 Audubon Place Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Ad
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/6/2015	5 Payee name OFFICEMAX/OFFICEDEPOT	
6 Amount (\$) 17.63	7 Payee address; City; State; Zip Code 1576 West Gray Houston TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Supplies
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 7/6/2015	5 Payee name CLEAR		
6 Amount (\$) 57.48	7 Payee address; City; State; Zip Code Dept. CH 14365 Palatine IL 60055		
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	<input type="checkbox"/> <input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Internet Service
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 7/3/2015	5 Payee name HOUSTONGLBT	
6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code PO Box 66664 Houston TX 77266	
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/3/2015	5 Payee name HOUSTONGLBT	
6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code PO Box 66664 Houston TX 77266	
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/3/2015	5 Payee name OFFICEMAX/OFFICEDEPOT	
6 Amount (\$) 137.73	7 Payee address; City; State; Zip Code 1576 West Gray Houston TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 7/3/2015	5 Payee name BULLSEYE STORAGE		
6 Amount (\$) 434.00	7 Payee address; City; State; Zip Code 3200 W. Dallas Houston TX 77019		
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 7/1/2015	5 Payee name Piryx	
6 Amount (\$) 5.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/1/2015	5 Payee name Piryx	
6 Amount (\$) 5.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/22/2015	5 Payee name Piryx	
6 Amount (\$) 14.38	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/27/2015	5 Payee name Piryx		
6 Amount (\$) 5.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 8/27/2015	5 Payee name Piryx	
6 Amount (\$) 1.44	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 8/27/2015	5 Payee name Piryx	
6 Amount (\$) 5.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 8/27/2015	5 Payee name Piryx	
6 Amount (\$) 14.38	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/27/2015	5 Payee name Piryx		
6 Amount (\$) 2.88	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 8/27/2015	5 Payee name Piryx	
6 Amount (\$) 57.50	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/27/2015	5 Payee name Piryx	
6 Amount (\$) 14.38	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/27/2015	5 Payee name Piryx	
6 Amount (\$) 5.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/27/2015	5 Payee name Piryx		
6 Amount (\$) 57.50	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 8/27/2015	5 Payee name Piryx	
6 Amount (\$) 14.38	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 8/27/2015	5 Payee name Piryx	
6 Amount (\$) 14.38	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 8/27/2015	5 Payee name Piryx	
6 Amount (\$) 5.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/27/2015	5 Payee name Piryx		
6 Amount (\$) 43.13	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 8/27/2015	5 Payee name Piryx	
6 Amount (\$) 1.44	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 8/28/2015	5 Payee name Piryx	
6 Amount (\$) 28.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 8/28/2015	5 Payee name Piryx	
6 Amount (\$) 2.88	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 8/28/2015	5 Payee name Piryx		
6 Amount (\$) 0.58	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 9/1/2015	5 Payee name Piryx	
6 Amount (\$) 5.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/1/2015	5 Payee name Piryx	
6 Amount (\$) 2.88	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/2/2015	5 Payee name Piryx	
6 Amount (\$) 14.38	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/10/2015	5 Payee name Piryx		
6 Amount (\$) 5.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 9/10/2015	5 Payee name Piryx	
6 Amount (\$) 57.50	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/11/2015	5 Payee name Piryx	
6 Amount (\$) 1.44	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/11/2015	5 Payee name Piryx	
6 Amount (\$) 5.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 9/14/2015	5 Payee name Piryx		
6 Amount (\$) 2.88	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 9/20/2015	5 Payee name Piryx	
6 Amount (\$) 2.88	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/20/2015	5 Payee name Piryx	
6 Amount (\$) 2.88	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/20/2015	5 Payee name Piryx	
6 Amount (\$) 28.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/20/2015	5 Payee name Piryx		
6 Amount (\$) 5.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 9/23/2015	5 Payee name Piryx	
6 Amount (\$) 14.38	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/23/2015	5 Payee name Piryx	
6 Amount (\$) 17.25	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/24/2015	5 Payee name Piryx	
6 Amount (\$) 5.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 9/24/2015	5 Payee name Piryx		
6 Amount (\$) 14.38	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	<input type="checkbox"/>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date 9/24/2015	5 Payee name Piryx	
6 Amount (\$) 28.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/24/2015	5 Payee name Piryx	
6 Amount (\$) 5.75	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
		<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category	<input type="checkbox"/> <input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME Ellen Cohen	3 FilerID (Ethics Commission filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee Address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule H:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
		<input type="checkbox"/> Check if Austin, TX, office holder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule I:	2 FILER NAME Ellen Cohen	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (See instructions regarding type of information required)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED