CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMPAIGN FIN	ANCE REPORT			CO	VER SHEET PG T
The C/OH Instruction	n Guide explains how to com	plete this form	1 Filer ID(Ethics	Commission filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	MI	OF	FICE USE ONLY
OFFICEHOLDER	Mrs.	Ellen		Date Receive	ed
NAME	NICKNAME	LAST	SUFFIX	10/5/2015	
		Cohen			
4.041010475 /	ADDRESS / PO BOX;	APT/SUITE #; CITY;	STATE; ZIP CODE	<u> </u>	
4 CANDIDATE /		, ,	STATE; ZIP CODE		
OFFICEHOLDER	2929 Buffalo Speedway	/			
MAILING	#911			Date Hand-delive	ered or Date Postmarked
ADDRESS	Houston TX 77098				
Change of address	AREA CODE	PHONE NUMBER	EXTENSION		
5 CANDIDATE /		FIIONE NOMBER	LATENSION		
OFFICEHOLDER	(713) 960-0548				
PHONE	MS/MRS/MR	FIRST	MI	D :	10 1
6 CAMPAIGN	INIO/IVIICO/IVIIC	TINOT	IVII	Receipt #	Amount
TREASURER	Ms.	Jackie		Date Process	ed
NAME	NICKNAME	LAST	SUFFIX	Date Imaged	
		Martin			
7 CAMPAIGN	STREET ADDRESS (No PO Box Plea	se);	APT/SUITE #;	CITY; STATE;	ZIP CODE
TREASURER	423 Westmoreland				
ADDRESS	120 Wooding Gland				
(Residence)	Houston TX 77006				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(713) 960-0548				
THE ROOKER THORE					
	January 15 X 30th day be	fore election Final re	pport (Attach C/OH - FR	Exceeded \$500 limit	
9 REPORT TYPE				□	
	July 158th day befo	ore election Runoff		15th day after campaig	gn treasurer appointment(officeholder only)
10 PERIOD	Month Day	Year		Month	Day Year
COVERED	7/1/2015	٦	THROUGH	9/2	24/2015
11 ELECTION	ELECTION DATE	ELECTION TY	PE		
	Month Day Year				□otal
		Primary	Runoff	X General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFIC	E 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 Cor	nmission Filers)
	expenditures may have	political contributions accepted or political expenditure been made without the candidate's or officeholder's kn receive notice of such expenditures.		
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME		
FROM				
POLITICAL	GENERAL	COMMITTEE ADDRESS		
COMMITTEE(S)				
	SPECIFIC			
	_			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
				-
17 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS NS, OR GUARANTEES OF LOANS), UN		\$
1017(20				<u> </u>
	2 TOTAL POLITIC	AL CONTRIBUTIONS		\$13,535.00
	(OTHER THAN F	PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	
EXPENDITURE	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS	, UNLESS ITEMIZED	
TOTALS				\$
	4 TOTAL POLITIC	AL EXPENDITURES		
	-			\$17,866.47
	F TOTAL BOLITIC	AL CONTRIBUTIONS MAINTAINED AS	OF THE LAST DAY	
CONTRIBUTION BALANCE	5 TOTAL POLITIC OF REPORTING		OF THE LAST DAT	\$164,675.12
OUTSTANDING LOAN TOTALS	0	AL AMOUNT OF ALL OUTSTANDING L HE REPORTING PERIOD	OANS AS OF THE	\$
TOTALO				*
18 AFFIDAVIT				
TO AFFIDAVIT		Louiser er	office and a populty of position to	hat the accompanying
		report is true	affirm, under penalty of perjury, to and correct and includes all inf	ormation required to be
		reported by	me under Title 15, Election Cod	е.
			Ellen Cohen	
			Signature of Candidate or	Officeholder
AFFIX NOT STAMP / SE	AL AROVE			
		I	this the	day
	-			uay
OI	, 20	, to certify which, witness my	rnand and seal of office.	
				
Signature of officer admi	nistering oath	Print name of officer administering	g oath Title of office	r administering oath

SL	JB	TOTALS - COH	FORM C/OH			
			COVER SHEET PG 3			
19	FIL	ER NAME Ellen Cohen	20 Filer ID (Ethics Commission Filers)			
21	S	CHEDULE SUBTOTALS	SUBTOTAL			
	Ν	AME 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	T	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 POLICITAL CONTRIBUTION	IS			
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 RI	ETURNED 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.

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	8	SCHEDULE A1
The	e Instruction G	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME E	Ellen Cohen			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Mark Klein	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/1/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77018	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Mark Klein Content	tions)
4	Date	5 Full name of contributor Eric and Jill Cohen	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/1/2015	6 Contributor address;	City; Aspen	State; Zip Code CO 81611	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct ASSIR	L tions)
4	Date	5 Full name of contributor Plumbers Local Union No. 68	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77249	1,000.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Cigna	out of state F	L PAC(ID#)	7 Amount of contributions (\$)
	8/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	TRIBUTION	S	SCHEDULE A1
The	e Instruction G	Guide explains how to compl	1 Total Pages Schedule A1:		
2 F	ILER NAME I	Ellen Cohen			3 Filer ID (Ethics Commission filers)
		John Eldridge	,		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/26/2011		Houston	TX 77030	100.00
8	Principal occi	upation / Job title (See Instructions)	r	9 Employer (See Instruc Haynes Boone	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Pamela Klein			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/28/2011		Houston	TX 77024	100.00
8	Principal occi	Lupation / Job title (See Instructions)	1	9 Employer (See Instruc Retired	I tions)
4	Date	5 Full name of contributor Mac Hoak	out of state	PAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/22/2015		Houston	TX 77006	250.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc Mecox	tions)
4	Date	5 Full name of contributor Myra Lipper	out of state	PAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/27/2015		Houston	TX 77095	100.00
8	Principal occi	upation / Job title (See Instructions)	r	9 Employer (See Instruc Retired	L tions)
4	Date	5 Full name of contributor BYRON YORK	out of state	PAC(ID#)	7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	IBUTION	S	SCHEDULE A1
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME I	Ellen Cohen			3 Filer ID (Ethics Commission filers)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77030	25.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc Retired	Letions)
4	Date	5 Full name of contributor Robert Burress	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77008	100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction Allergy & ENT Associated	
4	Date	5 Full name of contributor Kellie Jenks	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Bellaire	State; Zip Code TX 77401	250.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc TRC Capital partners (R	,
4	Date	5 Full name of contributor Elizabeth Tudor	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025	50.00
8		upation / Job title (See Instructions) arketing Analyst		9 Employer (See Instruction Self-Employed	tions)

M	ONETARY	POLITICAL CONTI	RIBUTIONS	6	SCHEDULE A1
The	e Instruction G	Guide explains how to complet	1 Total Pages Schedule A1:		
2 F	ILER NAME E	Ellen Cohen			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Garnet Coleman	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77288	1,000.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Cece Fowler	out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006	250.00
8	Principal occu Volunteer	upation / Job title (See Instructions)		9 Employer (See Instruct Retired	I tions)
4	Date	5 Full name of contributor Sally Bradford	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Sugar Land	State; Zip Code TX 77479	100.00
8	Principal occu	upation / Job title (See Instructions) rector		9 Employer (See Instructions) Greenspoint Redevelopment Authority	
4	Date	5 Full name of contributor Barry Lewis	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	1,000.00
8		upation / Job title (See Instructions) Goldeneye Inc		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETARY	POLITICAL CONTI	RIBUTION	S	SCHEDULE A1
Th	e Instruction G	uide explains how to complet	1 Total Pages Schedule A1:		
2 F	FILER NAME E	llen Cohen			3 Filer ID (Ethics Commission filers)
		Bette Pesikoff			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/27/2015		Houston	TX 77098	250.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Attorney			Self	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Larry Buck			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/27/2015		Houston	TX 77024	250.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Risk Managen	nent Consultant		Larry W. Buck & Associa	ates
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		John Zammito			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/27/2015		Houston	TX 77098	100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	professor			Rice University	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		sandy Bryan	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/27/2015		Houston	TX 77005	750.00
8	Principal occu	Pation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
	small business	s owner		self	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Carol BROWNSTEIN	_		7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	IBUTION	S	SCHEDULE A1
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME I	Ellen Cohen			3 Filer ID (Ethics Commission filers)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006	25.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Educatio cod	ordinater		retired	
4	Date	5 Full name of contributor Edwin Cabaniss	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/28/2015	6 Contributor address;	City; Dallas	State; Zip Code TX 75208	500.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc Kessler	Letions)
4	Date	5 Full name of contributor Julia Mazow	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025	50.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction Retired	I trions)
4	Date	5 Full name of contributor Marcie Zlotnik	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005	10.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instructive)	etions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The	Instruction (Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME	Ellen Cohen			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Stanley & Jonni Almoney	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/1/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006	100.00
8	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor ROANNE STERN	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/1/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77004	50.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor PAC of Winstead PC	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/1/2011	6 Contributor address;	City; Dallas	State; Zip Code TX 75201	1,000.00
8	Principal occ	ccupation / Job title (See Instructions) 9 Employer (S			tions)
4	Date	5 Full name of contributor Lawrence Kagan	out of state R	L PAC(ID#)	7 Amount of contributions (\$)
	9/2/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024	250.00
8	Principal occ	cupation / Job title (See Instructions) Real Estate		9 Employer (See Instruct Kagan Realty Investors	I tions)
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	

M	ONETARY	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction G	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME E	Ellen Cohen			3 Filer ID (Ethics Commission filers)
		Ryan Haley			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/10/2015		Houston	TX 77098	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction Barbour Investments	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Steven Paletz			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/10/2015		Houston	TX 77096	1,000.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Attorney			Schlanger, Silver, Barg	& Paine
4	Date	5 Full name of contributor Joellen Brayshaw	out of state	PAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/11/2015		Houston	TX 77006	25.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Retired			Retired	
4	Date	5 Full name of contributor Linda Condit	out of state	PAC(ID#)	7 Amount of contributions (\$)
		C Contributor address.	O.,	Chata 7: Cada	
	9/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc Retired	tions)
4	Date	5 Full name of contributor J. Kent Friedman	out of state	PAC(ID#)	7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTI	RIBUTION	S	SCHEDULE A1
Th	e Instruction (Guide explains how to complet	1 Total Pages Schedule A1:		
2 F	FILER NAME	Ellen Cohen			3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	9/3/2011		Houston	TX 77010	500.00
8	Principal occ Attorney	cupation / Job title (See Instructions)		9 Employer (See Instruction Haynes Boone	etions)
4	Date	5 Full name of contributor David Smith	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77007	50.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Shell Oil Company	I etions)
4	Date	5 Full name of contributor Jerry Blum	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/20/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77098	50.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Heritage Texas Properti	
4	Date	5 Full name of contributor Douglas Cowey	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/20/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77098	50.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instructive retired	otions)

M	ONETARY	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The	e Instruction G	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME E	Ellen Cohen	3 Filer ID (Ethics Commission filers)		
4	Date	5 Full name of contributor Lewis Foxhall	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/20/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005	500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct MD Anderson Cancer Ce	
4	Date	5 Full name of contributor Harris Jacobs	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/20/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77098	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Jeanette Rash	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/23/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77020	250.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction Some One Auto/Fast Tow	
4	Date	5 Full name of contributor Jeanette Rash	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/23/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77020	300.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction 2008) 9 Empl	
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDUL	E A1
The	e Instruction (Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:	
2 F	ILER NAME	Ellen Cohen			3 Filer ID (Ethics Commission filers)	
		Lucinda Merrill			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	8/29/2011		Bellaire	TX 77401	50.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ions)	
	Attorney			Harris County		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Theldon Branch III	_		7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/8/2011		Houston	TX 77025	1,000.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ions)	
	CEO			The Branch Companies		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Madeleine Appel			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/5/2011		Houston	TX 77096	250.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ions)	
	Administrator	r		City of Houston		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Marc Grossberg			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/24/2015		Houston	TX 77002	100.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	l cions)	
	Attorney			Thompson & Knight LLP		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Rob Scamardo			7 Amount of contributions (\$)	

M	ONETARY	POLITICAL CON	TRIBUTION	S	SCHEDULE A1
Th	e Instruction G	uide explains how to comp	1 Total Pages Schedule A1:		
2 I	FILER NAME E	Ellen Cohen			3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	9/24/2015		Houston	TX 77025	250.00
8	Principal occu	I upation / Job title (See Instructions	\$)	9 Employer (See Instruction Rogers, Morris & Grover	
4	Date	5 Full name of contributor Bobby V. Singh	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77041	500.00
8	Principal occu	upation / Job title (See Instructions	s)	9 Employer (See Instruc Isani Consultants LP	ctions)
4	Date	5 Full name of contributor Laura Spanjian	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006	100.00
8	Principal occu Sustainability	I upation / Job title (See Instructions Director	s)	9 Employer (See Instruc City of Houston	Letions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	I pation / Job title (See Instructions	s)	9 Employer (See Instruc	etions)
				OF THIS SCHEDUL	
		If contributor is out-of-state	PAC, please see ins	truction guide for additio	onal reporting requirements

NON-MONETARY (IN-KIND) POLITICAL							SCHEDULE A2		
CC	ONTRIB	BUTIONS							
The	The Instruction Guide explains how to complete this form.						1 Total Pages Schedule A2:		
2 F	ILER NAM	E Ellen Cohen				3 F	3 Filer ID (Ethics Commission filers)		
4 T	OTAL OF	UNITEMIZED IN-KIND POLITI	CAL CONTRII	BUTIONS		\$			
5	Date	6 Full name of contributor 7 Contributor address:	out of st	ate PAC(ID#)	Zip Code	8	Amount of contributions (\$)	9 In-Kind contribution description	
			<i>,</i>	, 	•		Schedule T	de of Texas, complete	
10	Principal o	occupation / Job title (See Instructions			oyer (See Instru				
		ATTACH ADDIT	TIONAL COPI	ES OF THIS	SCHEDUL	E A	S NEEDED		
		If contributor is out-of-state	PAC, please see	instruction gu	uide for additio	nal r	eporting requiremen	nts	

PL	EDGED	CONTRIBUTIONS						SCHEDULE B
The	Instruction (Guide explains how to complet	te this form.			1	Total Pages Sche	edule B:
2 FI	LER NAME	Ellen Cohen				3	Filer ID (Ethics Co	ommission filers)
4	TOTAL O	F UNITEMIZED PLEDGES:	=> => =	:> => => =:	>			
5	Date	6 Full name of pledgor 7 Pledgor address;	out of state City;	PAC(ID#) State;	Zip Code	8	Amount of pledge (\$)	9. In-Kind contribution description
							Check if travel outside Schedule T	de of Texas, complete
10	Principal occ	cupation / Job title (See Instructions)		11 Emplo	oyer (See Instru	ıctior	is)	
		ATTACH ADDITION	ONAL COPIES	S OF THIS S	CHEDULE	AS	NEEDED	
		If contributor is out-of-state PA	AC, please see in	struction guide	e for additiona	ıl rep	orting requiremen	nts

LC	DANS						SCHEDULE E
	The	Instruction Guide explains ho	ow to complete this	form.		1	Total Pages Schedule E:
2 F	ILER NAME Elle	en Cohen				3	Filer ID (Ethics Commission filers)
4	TOTAL OF UNITEMIZED LOANS: => => => =>						
5	Date of loan	7 Name of lender	out of state PAC(II	D#)		9	Loan Amount (\$)
6	Is Lender a Financial	8 Lender Address;	City;	State;	Zip Code	10	Interest rate
	Institution?					11	Maturity date
12	Principal occi	upation / Job title (See Instru	ctions)	13 Empl	oyer (See Instr	uctions	s)
14	Description o	f collateral		15	Check if perso (See instruction		nds were deposited into political account
16	GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address;	City;	State;	Zip Code	19	Amount Guaranteed (\$)
	not applicable						
20	Principal Occu	pation		21 Emp	loyer		
		ATTACH ADDITIOI If lender is out-of-state PAC, p					

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/21/2015	RIVER OAKS DONUTS		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
38.16	3601 Westheimer Rd		
	Houston TX 77027		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	as, complete Schedule T
		Check if Austin, TX, officehol	der living expense
	Food/Beverage Expense		
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought off	ice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/21/2015	Samuel Kraus		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
875	1411 Ruth Street		
	Houston TX 77004		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	as, complete Schedule T
		Check if Austin, TX, officehol	der living expense
	Salaries/Wages/Contract	Campaign Staff	.
	Labor	Jampaigi. Jian	
9 Complete ONLY if direct	Candidate / Officehoder name	 ffice sought off	ice held
expendituree to benefit C/OH		•	
4 Date	5 Payee name		
9/21/2015	Net Victories		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
800.00	PO Box 5013	•	
300.00			
	Austin TX 78763		
8 PURPOSE OF EXPENDITURE		(b) Description	
1	1, ,	i''	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Digital Communications** Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/18/2015 CREATESEND.COM 7 Payee address; 6 Amount (\$) Zip Code City; State; 120.00 3-5 Stapleton Avenue Ste. 404 Sutherland AUSTRALIA 2232 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Email Broadcast** Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide exp	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/18/2015	The Leader		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
400.00	3500-A East T.C. Jester		
	Houston TX 77018		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Advertising Expense	Print Ad	
9 Complete ONLY if direct	Candidate / Officehoder name o	office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/16/2015	HEB		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
123.93	1701 W Alabama St		
	Houston TX 77098		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Food/Beverage Expense	Meeting	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	fice held
experioraries to benefit C/On			
4 Date	5 Payee name		
9/16/2015	Samuel Kraus		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
875.00	1411 Ruth Street		
	Houston TX 77004		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Staff Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/11/2015 HOOTSUITE MEDIA INC. 7 Payee address; 6 Amount (\$) Zip Code City; State; 5 East 8th Avenue 6.39 Vancouver CANADA V5T 1R6 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Digital Communications** Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

I Itom I OLITIOAL	oom nom 	
	The Instruction Guide ex	plains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
9/11/2015	Garden Oaks Civic Club	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
50.00	3800 N. Shepherd Dr.	
	Houston TX 77018	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Contributions/Donations	Event Sponsorship
	Made By	· · ·
	Candidate/Officeholder/Political Committee	
9 Complete ONLY if direct		I ffice sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
9/10/2015	TEXAS DEMOCRATIC PART	Υ
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1,200.00	4818 E Ben White Blvd	
	#104	
	Austin TX 78741	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Contributions/Donations	VAN
	Made By	
	Candidate/Officeholder/Political Committee	
9 Complete ONLY if direct	Candidate / Officehoder name	I ffice sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
9/10/2015	HOUSE OF COFFEE BEANS	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
47.26	2348 Bissonnet	
	Houston TX 77005	
8 PURPOSE OF EXPENDITURE		(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Food/Beverage Expense Meeting 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/9/2015 PLAT PARKING **6** Amount (\$) 7 Payee address; Zip Code City; State; 930 Main St 2.00 Houston TX 77002 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Parking 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide exp	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/8/2015	Brooke Boyett		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500.00	1609 Castle Ct.		
	#2		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Consulting Expense	Campaign Services	3
	Concanning Expenses	. •	
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/8/2015	CLEAR		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
57.48	Dept. CH 14365		
	·		
	Palatine IL 60055		
8 PURPOSE OF EXPENDITURE		(b) Description	
		Check if travel outside of Te	xas. complete Schedule T
		Check if Austin, TX, officeho	
	Office Overhead/Rental	Internet Service	g oxposed
	Expense	internet dervice	
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/8/2015	ADOBE		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
16.23	345 Park Ave.	•	
	San Jose CA 95110		
8 PURPOSE OF EXPENDITURE		(b) Description	
	(-,	1, .,	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Computer Software Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/4/2015 THE RAVEN GRILL **6** Amount (\$) 7 Payee address; Zip Code City; State; 1916 Bissonnet St 55.01 Houston TX 77005 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Meeting Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

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	5 Payee name	<u> </u>				
9/3/2015	BULLSEYE STORAGE					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
459.00	3200 W. Dallas					
403.00	3200 W. Dallas					
	Houston TX 77019					
8 PURPOSE OF EXPENDITURE		(b) Description				
O TOKE OF EXPENDITORE	(a) Category	Check if travel outside of Texas, complete Schedule T				
		Check if Austin, TX, officeholder living expense				
	Office Overhead/Rental	Storage				
	Expense	Otorage				
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held				
expendituree to benefit C/OH						
4 Date	5 Payee name					
9/2/2015	MAIS RESTAURANT					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
28.86	403 Milam St					
	Houston TX 77002					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Texas, complete Schedule T				
		Check if Austin, TX, officeholder living expense				
	Food/Beverage Expense	Meeting				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held				
4 Date	5 Payee name					
8/31/2015	EL TIEMPO					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
180.94	1308 Montrose Blvd					
	Houston TX 77019					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Food/Beverage Expense Meeting 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/31/2015 **TINY BOXWOODS** 7 Payee address; 6 Amount (\$) City; Zip Code State; 3614 W Alabama St 30.52 Houston TX 77027 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Meeting Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

I Itolii i OLIIIOAL	001111111111111111111111111111111111111		
	The Instruction Guide exp	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/31/2015	COMCAST		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
110.02	8590 W. Tidwell Rd.		
	Houston TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Office Overhead/Rental	Internet Service	
	Expense		
9 Complete ONLY if direct	Candidate / Officehoder name o	ffice sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/28/2015	HOUSTONIAN HOTEL		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
15.00	111 N Post Oak Ln		
	Houston TX 77024		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Travel in District	Parking	
9 Complete ONLY if direct	Candidate / Officehoder name o	ffice sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/20/2015	Net Victories		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
800.00	PO Box 5013		
	Austin TX 78763		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Digital Communications** Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/19/2015 Garden Oaks Civic Club 7 Payee address; 6 Amount (\$) City; Zip Code State; 250.00 3800 N. Shepherd Dr. Houston TX 77018 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Event Sponsorship** Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)		
4 Date	5 Payee name	<u>_</u>		
8/18/2015	CREATESEND.COM			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
120.00				
120.00	3-5 Stapleton Avenue			
	#404			
a DUDDOSE OF EVDENDITUDE	Sutherland AUSTRALIA 2232			
8 PURPOSE OF EXPENDITURE	Advertising Expense	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Email Broadcast		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held		
4 Date	5 Payee name			
8/17/2015	Samuel Kraus			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
875.00	1411 Ruth Street			
	Houston TX 77004	,		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description Check if travel outside of Texas, complete Schedule T		
		Check if Austin, TX, officeholder living expense		
	Salaries/Wages/Contract Labor	Campaign Staff		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I office sought office held		
4 Date	5 Payee name			
8/12/2015	LITTLE BIGS			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
10.32	4621 Montrose Blvd			
	Houston TX 77006			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Food/Beverage Expense Meeting 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/11/2015 **HOOTSUITE** 7 Payee address; 6 Amount (\$) Zip Code City; State; 5 East 8th Avenue 6.39 Vancouver CANADA V5T 1R6 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Digital Communications** Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

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	5 Payee name					
8/11/2015	FUNG`S KITCHEN					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
76.08	7320 Southwest Fwy					
	#115					
	Houston TX 77074					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Tex	xas, complete Schedule T			
		Check if Austin, TX, officeho	lder living expense			
	Food/Beverage Expense	Meeting				
	T odd/Botorage Expense	Ç				
9 Complete ONLY if direct	Candidate / Officehoder name office sought office held					
expendituree to benefit C/OH						
4 Date	5 Payee name					
8/11/2015	ACTBLUE					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
100.00	366 Summer Street					
	Somerville MA 2144					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Tex	xas, complete Schedule T			
		Check if Austin, TX, officeho	lder living expense			
	Contributions/Donations	Donation	-			
	Made By					
	Candidate/Officeholder/Political Committee					
9 Complete ONLY if direct		ffice sought of	fice held			
expendituree to benefit C/OH						
4 Date	5 Payee name					
8/10/2015	ADOBE					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
16.23	345 Park Ave.					
	San Jose CA 95110					
8 PURPOSE OF EXPENDITURE		(b) Description				
1	1	•				

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Computer Software Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/5/2015 **CLEAR 6** Amount (\$) 7 Payee address; Zip Code City; State; 57.48 Dept. CH 14365 Palatine IL 60055 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Internet Service Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

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	5 Payee name					
8/4/2015	REGISTER.COM					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
76.00	12808 Gran Bay Parkway					
	Jacksonville FL 32258					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te	exas, complete Schedule T			
		Check if Austin, TX, officeho				
	Advertising Expense	Domain Name	3.1.			
	Advertising Expense	2 omain ramo				
9 Complete ONLY if direct	Candidate / Officehoder name	office sought o	ffice held			
expendituree to benefit C/OH	УОН					
4 Date	5 Payee name					
8/3/2015	Samuel Kraus					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
875.00	1411 Ruth Street					
	Houston TX 77004					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te	exas, complete Schedule T			
		Check if Austin, TX, officeho	older living expense			
	Salaries/Wages/Contract	Campaign Staff				
	Labor					
9 Complete ONLY if direct	Candidate / Officehoder name	office sought o	ffice held			
expendituree to benefit C/OH						
4 Date	5 Payee name					
8/3/2015	Brooke Boyett					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
500.00	1609 Castle Ct.	·				
2.0.00	#2					
	Houston TX 77006					
8 PURPOSE OF EXPENDITURE		(b) Description				
	1/-/	\ · \ =				

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Services Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/3/2015 **Net Victories 6** Amount (\$) 7 Payee address; Zip Code City; State; PO Box 5013 700.00 Austin TX 78763 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Digital Communications** Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

I KOM I OLITIOAL	OOMINIBOTIONO		
	The Instruction Guide ex	plains how to complete this form	•
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/3/2015	BULLSEYE STORAGE		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
459.00	3200 W. Dallas		
	Houston TX 77019		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	
	Office Overhead/Rental	Storage	gp
	Expense	Ciorago	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	ifice held
expendituree to benefit C/OH		J	
4 Date	5 Payee name		
7/31/2015	LITTLE BIGS		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
38.40	4621 Montrose Blvd		
36.40	4021 Worldose Blvd		
	11		
A DUDDOCE OF EVDENDITUDE	Houston TX 77006	(h) Description	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te.	
		Check if Austin, TX, officeho	older living expense
	Food/Beverage Expense	Meeting	
	0 11 1 1000	<u></u>	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought of	ffice held
4 Date	5 Payee name		
7/31/2015	Withdrawal		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500.00	2435 W Alabama		
	Houston TX 77098		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Filing for Office Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/31/2015 OFFICIAL CHECKS CHARGE 7 Payee address; 6 Amount (\$) Zip Code City; State; 8.00 2435 W Alabama Houston TX 77098 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Banking Fees 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	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	5 Payee name	<u> </u>		
7/30/2015	KROGER			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
123.86	440 Studemont St			
123.00	440 Stademont St			
	Houston TX 77007			
8 PURPOSE OF EXPENDITURE		(b) Description		
	(a) catogory	Check if travel outside of Texas, complete Schedule T		
		Check if Austin, TX, officeholder living expense		
	Office Overhead/Rental	Food		
	Expense	1 600		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held		
expendituree to benefit C/OH				
4 Date	5 Payee name			
7/30/2015	MAIS RESTAURANT			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
4.53	403 Milam St			
	Houston TX 77002			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Texas, complete Schedule T		
		Check if Austin, TX, officeholder living expense		
	Food/Beverage Expense	Meeting		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held		
	L			
4 Date	5 Payee name			
7/29/2015	COMCAST			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
110.02	8590 W. Tidwell Rd.			
	Houston TX 77040			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Internet Service Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/28/2015 **UBER** 6 Amount (\$) 7 Payee address; City; State; Zip Code 800 Market St 37.63 San Francisco CA 94102 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Transportation 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

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	5 Payee name	i	
7/27/2015	AIA CRP		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
323.45	800 Winneconne Ave		
323.43	000 Willieconne Ave		
	Neenah WI 54956		
8 PURPOSE OF EXPENDITURE		(b) Description	
O TOKE ODE OF EXPENDITORE	(a) Category	Check if travel outside of Texas, complete Schedule T	
		Check if Austin, TX, officeholder living expense	
	Office Overhead/Dental	Campaign Apparel	
	Office Overhead/Rental Expense	Campaign Apparei	
9 Complete ONLY if direct	Candidate / Officehoder name	 office sought office held	
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/23/2015	UBER		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40.58	800 Market St		
	San Francisco CA 94102		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, complete Schedule T	
		Check if Austin, TX, officeholder living expense	
	Travel in District	Transportation	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
[
4 Date	5 Payee name		
7/20/2015	Brooke Boyett		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500.00	1609 Castle Ct.		
	#2		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Services Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/20/2015 **Net Victories** 7 Payee address; 6 Amount (\$) Zip Code City; State; PO Box 5013 800.00 Austin TX 78763 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Digital Communications** Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

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	5 Payee name		
7/20/2015	CREATESEND.COM		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
120.00	3-5 Stapleton Avenue		
	Ste. 404		
	Sutherland AUSTRALIA 223	32	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Advertising Expense	Check if travel outside of Te Check if Austin, TX, officeho Email Broadcast	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I office sought of	ffice held
4 Date	5 Payee name		
7/20/2015	Norton		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
86.59	350 Ellis St		
00.33	330 Lilis St		
	Mountain View CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Office Overhead/Rental	Check if travel outside of Te Check if Austin, TX, officeho Computer Software	older living expense
	Expense	Computer Continues	•
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
4 Date	5 Payee name		
7/16/2015	Samuel Kraus		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
875.00	1411 Ruth Street		
	Houston TX 77004		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) 1 Total pages Schedule F1: ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Staff Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/15/2015 **ACTBLUE** 7 Payee address; 6 Amount (\$) Zip Code City; State; 366 Summer Street 25.00 Somerville MA 2144 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Houston Stonewall Young Democrats membership Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

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	5 Payee name		
7/13/2015	HOOTSUITE MEDIA		
		State: 7's Code	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
6.48	5 East 8th Avenue		
	Vancouver CANADA V5T 1		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, complete Schedule T	
		Check if Austin, TX, officeholder living expense	
	Office Overhead/Rental Expense	Digital Communications	
	Lxperise		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
4 Date	E Davisa nama		
	5 Payee name		
7/13/2015	NINO'S	Chata. 7'- Cada	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
355.80	2817 W Dallas St		
	Houston TX 77019		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, complete Schedule T	
		Check if Austin, TX, officeholder living expense	
	Food/Beverage Expense	Meeting	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held	
expendituree to benefit C/OH	Oandidate / Oniceriodel Hame	office sought	
4 Date	5 Payee name		
7/10/2015	ACTBLUE		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
50.00	366 Summer Street	, , , , , , , , , , , , , , , , , , , ,	
30.00	333 Garrinor Groot		
	Somerville MA 2144		
8 PURPOSE OF EXPENDITURE		(b) Description	
	(,	[7.5]	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Young Democrats membership Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/8/2015 **ADOBE** 6 Amount (\$) 7 Payee address; Zip Code City; State; 21.64 345 Park Ave. San Jose CA 95110 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Computer Software Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

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	5 Payee name		
7/7/2015	Net Victories		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
700.00	PO Box 5013		
	Austin TX 78763		
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description Check if travel outside of Technology Check if Austin, TX, officehord Digital Communication	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	Loffice sought o	office held
4 Date	5 Payee name		
7/6/2015	OUTSMART MEDIA		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
975.00	3406 Audubon Place		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE		(b) Description Check if travel outside of Technology Check if Austin, TX, officehology Print Ad	•
	Advertising Expense	T IIII Au	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	office held
4 Date	5 Payee name		
7/6/2015	OFFICEMAX/OFFICEDEPOT	-	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
17.63	1576 West Gray		
	Houston TX 77019		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Supplies Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/6/2015 **CLEAR 6** Amount (\$) 7 Payee address; Zip Code City; State; 57.48 Dept. CH 14365 Palatine IL 60055 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Internet Service Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

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	The Instruction Guide ex	plains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
7/3/2015	HOUSTONGLBT	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
40.00	PO Box 66664	
	Houston TX 77266	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Contributions/Donations	Membership
	Made By Candidate/Officeholder/Politi	
	cal Committee	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
experience to benefit e/e/1		
4 Date	5 Payee name	
7/3/2015	HOUSTONGLBT	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
40.00	PO Box 66664	
	Houston TX 77266	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Contributions/Donations	Membership
	Made By Candidate/Officeholder/Politi	
	cal Committee	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
7/3/2015	OFFICEMAX/OFFICEDEPOT	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
137.73	1576 West Gray	
	Houston TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Supplies Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/3/2015 **BULLSEYE STORAGE 6** Amount (\$) 7 Payee address; Zip Code City; State; 3200 W. Dallas 434.00 Houston TX 77019 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Overhead/Rental Storage Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

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	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/1/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
5.75	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Text Check if Austin, TX, officeho Online Fundraising	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I office sought of	fice held
4 Date	5 Payee name		
7/1/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
5.75	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Text Check if Austin, TX, officeho Online Fundraising	•
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
8/22/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.38	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/27/2015 Piryx 7 Payee address; 6 Amount (\$) City; State; Zip Code 144 2nd Street 5.75 1st Floor San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	cplains how to complete this forn	
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/27/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1.44	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description Check if travel outside of To	exas, complete Schedule T
	Fees	Check if Austin, TX, officeh Online Fundraising	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held
4 Date	5 Payee name		
8/27/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
5.75	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Fees	Check if travel outside of To Check if Austin, TX, officeh Online Fundraising	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held
4 Date	5 Payee name		
8/27/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.38	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE		(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/27/2015 Piryx 7 Payee address; 6 Amount (\$) City; State; Zip Code 144 2nd Street 2.88 1st Floor San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/27/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
57.50	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Online Fundraising	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	Diffice sought of	fice held
4 Date	5 Payee name		
8/27/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.38	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Fees	Check if travel outside of Te. Check if Austin, TX, officeho Online Fundraising	•
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
8/27/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
5.75	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/27/2015 Piryx 7 Payee address; 6 Amount (\$) City; State; Zip Code 144 2nd Street 57.50 1st Floor San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

expendituree to benefit C/OH

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		xplains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
8/27/2015	Piryx	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
14.38	144 2nd Street	
	1st Floor	
	San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
8/27/2015	Piryx	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
14.38	144 2nd Street	
	1st Floor	
	San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	Fees	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
8/27/2015	Piryx	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
5.75	144 2nd Street	
	1st Floor	
	San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/27/2015 Piryx 7 Payee address; 6 Amount (\$) City; State; Zip Code 144 2nd Street 43.13 1st Floor San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/27/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1.44	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Text Check if Austin, TX, officeho Online Fundraising	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	Diffice sought of	fice held
4 Date	5 Payee name		
8/28/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
28.75	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Fees	Check if travel outside of Tea Check if Austin, TX, officeho Online Fundraising	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
8/28/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2.88	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/28/2015 Piryx 7 Payee address; 6 Amount (\$) City; State; Zip Code 144 2nd Street 0.58 1st Floor San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

expendituree to benefit C/OH

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	5 Payee name	I					
9/1/2015	Piryx						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
5.75	144 2nd Street						
55	1st Floor						
	San Francisco CA 94105						
8 PURPOSE OF EXPENDITURE		(b) Description					
	Fees	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising					
	0 11 1 10 11						
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held					
4 Date	5 Payee name						
9/1/2015	Piryx						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
2.88	144 2nd Street						
	1st Floor						
	San Francisco CA 94105						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
	Fees	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising					
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held					
4 Date	5 Payee name						
9/2/2015	Piryx						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
14.38	144 2nd Street						
	1st Floor						
	San Francisco CA 94105						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/10/2015 Piryx 7 Payee address; 6 Amount (\$) City; State; Zip Code 144 2nd Street 5.75 1st Floor San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

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	5 Payee name						
9/10/2015	Piryx						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
57.50	144 2nd Street						
	1st Floor						
	San Francisco CA 94105						
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising					
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held					
4 Date	5 Payee name						
9/11/2015	Piryx						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
1.44	144 2nd Street						
	1st Floor						
	San Francisco CA 94105						
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising					
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held					
4 Date	5 Payee name						
9/11/2015	Piryx						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
5.75	144 2nd Street						
	1st Floor						
	San Francisco CA 94105						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/14/2015 Piryx 7 Payee address; 6 Amount (\$) City; Zip Code State; 144 2nd Street 2.88 1st Floor San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	•
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/20/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2.88	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Online Fundraising	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I office sought of	fice held
4 Date	5 Payee name		
9/20/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2.88	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Telegraphic Check if Austin, TX, officehood Online Fundraising	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	 office sought of	ffice held
4 Date	5 Payee name		
9/20/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
28.75	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/20/2015 Piryx 7 Payee address; 6 Amount (\$) City; State; Zip Code 144 2nd Street 5.75 1st Floor San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

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	5 Payee name	I					
9/23/2015	Piryx						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
14.38	144 2nd Street						
	1st Floor						
	San Francisco CA 94105						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
		Check if travel outside of Texas, complete Schedule T					
		Check if Austin, TX, officeholder living expense					
	Fees	Online Fundraising					
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held					
experialitiree to beliefit 6/011							
4 Date	5 Payee name						
9/23/2015	Piryx						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
17.25	144 2nd Street						
	1st Floor						
	San Francisco CA 94105						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
		Check if travel outside of Texas, complete Schedule T					
		Check if Austin, TX, officeholder living expense					
	Fees	Online Fundraising					
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held					
4 Date	E Dove nome						
	5 Payee name						
9/24/2015	Piryx	State: 7in Code					
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
5.75	144 2nd Street						
	1st Floor						
O DUDDOCE OF EVDENDERS	San Francisco CA 94105	(h) December					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Ellen Cohen Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/24/2015 Piryx 7 Payee address; 6 Amount (\$) City; State; Zip Code 144 2nd Street 14.38 1st Floor San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fundraising Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

expendituree to benefit C/OH

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	The Instruction Guide ex	plains how to complete this for	rm.
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/24/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
28.75	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of	Texas, complete Schedule T
		Check if Austin, TX, office	eholder living expense
	Fees	Online Fundraisi	ng
9 Complete ONLY if direct	Candidate / Officehoder name c	I office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/24/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
5.75	144 2nd Street		
	1st Floor		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of	Texas, complete Schedule T
		Check if Austin, TX, office	eholder living expense
	Fees	Online Fundraisi	ng
	. 555		
9 Complete ONLY if direct	Candidate / Officehoder name c	I	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		1	

POLITICAL EXPEN			SCHEDULE F1
	The Instruction Guide e	xplains how to complete this form).
1 Total pages Schedule F1:	² FILER NAME Ellen Cohen		3 Filer ID (Ethics Commission filers)
		Check if travel outside of Te	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description Check if travel outside of Te	•
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UI	JNPAID 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 UNPA	ID	INCURRED OBLIGATIONS		\$			
5	Date	6	Payee name					
7	Amount (\$)	8	Payee address; City;	St	ate; Zip Code			
9	TYPE OF EXPENDITURE		Political		Non-Political			
10	PURPOSE OF EXPENDITURE	(a)) Category	(b)	Description Check if travel outside of Texas, complete Schedu Check if Austin, TX, officeholder living expense	ile T		
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	andidate / Officehoder name		office sought office	e held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EX	EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4								
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2	FILER NAME E	llen Cohen		3 File	r ID (Ethics Commission	n filers)	
4	TOTAL OF UNITEMIZED EXPE	NDIT	URES CHARGED TO	A CREDIT CARE)	\$			
5	Date	6	Payee name						
7	Amount (\$)	8	Payee address;	City;	Sta	te;	Zip Code		
9	TYPE OF EXPENDITURE		Political			Non-P	olitical		
10	PURPOSE OF EXPENDITURE	(a) (sched	Category (See Categories dule)	listed at the top of this	(b) [ion if travel outside of Texas, or if Austin, TX, officeholder liv	·	Т
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder na	ame	ı	office	sought	office l	neld

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES S								
MADE FROM F	MADE FROM PERSONAL FUNDS							
	The Instruction Guide explains	s 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						
Reimbursement from								
political contributions								
intended								
PURPOSE OF EXPENDITURE	(a) Category	(b) Description						
		Check if travel outside of Texas, complete Schedule T						
		Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held						
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDIII E AS NEEDED						

	PAYMENT FROM		SCHEDULE H			
	TO A BUSINESS	OF C/OH				
		The Instruction Guide explain	ns how to complete this form.			
1	Total Pages Schedule H:	I 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			
			Check if travel outside of Check if Austin, TX, office			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehoder name	Office sought	Office held		
F		ATTACH ADDITIONAL COPIES O	NE TUIS SCHEDIII E AS NE	EDED		
		ATTACITADDITIONAL COPIES C	/ THIS SCHEDULE AS NE	.LULU		

NON-POLITICAL EXPENDITURES SCHEDULE I MADE FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total Pages Schedule I: 3 ACCOUNT # (Ethics Commission filers) ² FILER NAME Ellen Cohen 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; Zip Code State; 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (See instructions regarding type of information required) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED