

**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	
	NICKNAME LAST SUFFIX	Date Received 10/26/2015	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI	Receipt #	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		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 9/25/2015	THROUGH	Month Day Year 10/24/2015
11 ELECTION	ELECTION DATE Month Day Year 11/3/2015	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) City Council - District C	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) <input type="checkbox"/> additional pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

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)	\$10,071.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$75,366.85
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$98,588.54
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	
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	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

**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#) Barbara Mandelstein	7	Amount of contributions (\$)
	9/26/2015	6 Contributor address; City; State; Zip Code Houston TX 77046		15.00
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#) Thomas Britt	7	Amount of contributions (\$)
	10/1/2015	6 Contributor address; City; State; Zip Code Houston TX 77008		100.00
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#) Barry & Carol Goodfriend	7	Amount of contributions (\$)
	10/5/2015	6 Contributor address; City; State; Zip Code Houston TX 77056		100.00
8	Principal occupation / Job title (See Instructions) Physician		9	Employer (See Instructions) Baylor College of Medicine
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Samantha Martinez	7	Amount of contributions (\$)
	10/9/2015	6 Contributor address; City; State; Zip Code Houston TX 77098		200.00
8	Principal occupation / Job title (See Instructions) Attorney		9	Employer (See Instructions) Muskat Martinez & Mahony LLP
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)	
10/14/2015	Nancy Beren ----- 6 Contributor address; City; State; Zip Code Houston TX 77030	7	Amount of contributions (\$) 360.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired	
10/22/2015	Charles Harrison ----- 6 Contributor address; City; State; Zip Code Houston TX 77007	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self	
10/23/2015	Abby Mitchell ----- 6 Contributor address; City; State; Zip Code Houston TX 77096	7	Amount of contributions (\$) 25.00
8 Principal occupation / Job title (See Instructions) manager		9 Employer (See Instructions) MD Anderson	
10/23/2015	Marion A McCollam ----- 6 Contributor address; City; State; Zip Code Houston TX 77005	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) Arts administration		9 Employer (See Instructions) retired	
	Susan Bischoff Barlow ----- 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)	
10/23/2015	6 Contributor address; City; State; Zip Code Houston TX 77098		100.00
8 Principal occupation / Job title (See Instructions) Community project consultant		9 Employer (See Instructions) Self employment	
4 Date	5 Full name of contributor Jane Wagner	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/23/2015	6 Contributor address; City; State; Zip Code Houston TX 77005		250.00
8 Principal occupation / Job title (See Instructions) small business owner		9 Employer (See Instructions) self	
4 Date	5 Full name of contributor Gayle Goodman	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/23/2015	6 Contributor address; City; State; Zip Code Houston TX 77006		75.00
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Psychotherapy Associates, PLLC	
4 Date	5 Full name of contributor Fred & Courtney Steves	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/23/2015	6 Contributor address; City; State; Zip Code Houston TX 77030		500.00
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Myron Steves	

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#) Evelyn Crumb	7	Amount of contributions (\$)
	10/23/2015	6 Contributor address; City; State; Zip Code Houston TX 77006		100.00
8	Principal occupation / Job title (See Instructions) Registered nurse		9	Employer (See Instructions) retired
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Sandra Brochstein	7	Amount of contributions (\$)
	10/23/2015	6 Contributor address; City; State; Zip Code Houston TX 77096		25.00
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#) Sandra Bryan	7	Amount of contributions (\$)
	10/23/2015	6 Contributor address; City; State; Zip Code Houston TX 77005		500.00
8	Principal occupation / Job title (See Instructions) small business owner		9	Employer (See Instructions) self
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Tom Cordell	7	Amount of contributions (\$)
	10/23/2015	6 Contributor address; City; State; Zip Code Houston TX 77019		250.00
8	Principal occupation / Job title (See Instructions) Attorney		9	Employer (See Instructions) Haynes and Boone llp
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)	
10/24/2015	Linda Paine ----- 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) Chamberlain Hrdlicka	
10/24/2015	Douglas Lawing ----- 6 Contributor address; City; State; Zip Code Houston TX 77006	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Eckel Foundation	
10/24/2015	Toni Blankmann ----- 6 Contributor address; City; State; Zip Code Houston TX 77005	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) retired	
10/24/2015	Lloyd Matzner ----- 6 Contributor address; City; State; Zip Code Houston TX 77019	7	Amount of contributions (\$) 50.00
8 Principal occupation / Job title (See Instructions) Director of Media Services		9 Employer (See Instructions) University of Houston Downtown	
10/24/2015	Syd Waldman ----- 6 Contributor address; City; State; Zip Code Houston TX 77019	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)	
10/24/2015	6 Contributor address; Houston TX 77096	City; State; Zip Code	36.00
8 Principal occupation / Job title (See Instructions) Owner/Funeral Director		9 Employer (See Instructions) Waldman Funeral Care, LLC	
4 Date 10/24/2015	5 Full name of contributor Cecil Conner	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 100.00
	6 Contributor address; Houston TX 77006	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired	
4 Date 10/24/2015	5 Full name of contributor Cecil Conner	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 100.00
	6 Contributor address; Houston TX 77006	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired	
4 Date 10/24/2015	5 Full name of contributor Sarah Whiting	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 50.00
	6 Contributor address; Houston TX 77005	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Dean		9 Employer (See Instructions) Rice University	

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#) Paul Colbert	7	Amount of contributions (\$)
	10/24/2015	6 Contributor address; City; State; Zip Code Houston TX 77035		100.00
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) self		
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Susan Christian	7	Amount of contributions (\$)
	10/24/2015	6 Contributor address; City; State; Zip Code Houston TX 77006		100.00
8 Principal occupation / Job title (See Instructions) Director of Special Events		9 Employer (See Instructions) City of Houston		
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Brenda De Alba	7	Amount of contributions (\$)
	9/30/2015	6 Contributor address; City; State; Zip Code Houston TX 77018		100.00
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#) Shelley Rogers	7	Amount of contributions (\$)
	9/30/2015	6 Contributor address; City; State; Zip Code Houston TX 77018		100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Sheehy, Ware & Pappas		
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)	
9/30/2015	Shelly Kennedy ----- 6 Contributor address; City; State; Zip Code Houston TX 77018	7	Amount of contributions (\$) 150.00
8 Principal occupation / Job title (See Instructions) On-site Wellness Instructor		9 Employer (See Instructions) Self	
9/30/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Susan Love-Seranie ----- 6 Contributor address; City; State; Zip Code Houston TX 77018	7	Amount of contributions (\$) 50.00
8 Principal occupation / Job title (See Instructions) Professional Development Manager		9 Employer (See Instructions) Weatherford	
10/9/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Margaret Justus ----- 6 Contributor address; City; State; Zip Code Houston TX 77005	7	Amount of contributions (\$) 50.00
8 Principal occupation / Job title (See Instructions) PR Consultant		9 Employer (See Instructions) Self	
9/30/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) T.A. Coleman ----- 6 Contributor address; City; State; Zip Code Houston TX 77018	7	Amount of contributions (\$) 50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired	
9/30/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Miriam Graubart	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)	
9/28/2015	6 Contributor address; Houston TX 77055	City; State; Zip Code	200.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Graubart & Co.	
4 Date	5 Full name of contributor Cara Rudelson	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
9/30/2015	6 Contributor address; Houston TX 77005	City; State; Zip Code	150.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) Memorial Park Conservancy	
4 Date	5 Full name of contributor Shelly Immel	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
9/30/2015	6 Contributor address; Houston TX 77018	City; State; Zip Code	250.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self	
4 Date	5 Full name of contributor Sandra Medina-George	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
9/30/2015	6 Contributor address; Houston TX 77018	City; State; Zip Code	50.00
8 Principal occupation / Job title (See Instructions) Counselor		9 Employer (See Instructions) MD Anderson	

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#)
	9/29/2015		HOU FirefightersPAC
	6 Contributor address; City; State; Zip Code		7
		Houston TX 77009	Amount of contributions (\$)
			5,000.00
8	Principal occupation / Job title (See Instructions)		9 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			

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)
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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

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 9/29/2015	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 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 9/29/2015	5 Payee name The Pivot Group	
6 Amount (\$) 1,750.00	7 Payee address; City; State; Zip Code 1720 I Street, NW Wasington DC 20006	
8 PURPOSE OF EXPENDITURE	(a) Category Printing 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 Palm Cards
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/29/2015	5 Payee name AMAZON	
6 Amount (\$) 218.47	7 Payee address; City; State; Zip Code 1200 12th Ave. South Seattle WA 98144	
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 Supplies
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 10/1/2015	5 Payee name Lake Research Partners		
6 Amount (\$) 11,002.50	7 Payee address; City; State; Zip Code 1101 17th St., NW #301 Wasington DC 20036		

8 PURPOSE OF EXPENDITURE	(a) Category Polling 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 District Poll
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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 10/2/2015	5 Payee name St. Rose of Lima	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 3600 Brinkman St Houston TX 77018	
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 school sponsorship
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/2/2015	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 10/5/2015	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	(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 10/5/2015	5 Payee name HARRIS CO DEMOCRATIC PA		
6 Amount (\$) 2,500.00	7 Payee address; City; State; Zip Code 1445 N. Loop West #110 Houston TX 77008		

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 event sponsorship
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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 10/6/2015	5 Payee name Net Victories	
6 Amount (\$) 1,400.00	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 10/8/2015	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 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 10/8/2015	5 Payee name Brooke Boyett 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 10/13/2015	5 Payee name The Pivot Group		
6 Amount (\$) 10,176.93	7 Payee address; City; State; Zip Code 1720 I Street, NW Wasington DC 20006		

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 Direct Mail
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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 10/13/2015	5 Payee name The Pivot Group	
6 Amount (\$) 10,176.93	7 Payee address; City; State; Zip Code 1720 I Street, NW Wasington DC 20006	
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 Direct Mail
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/13/2015	5 Payee name RIVER OAKS DONUTS	
6 Amount (\$) 22.17	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 10/13/2015	5 Payee name USPS	
6 Amount (\$) 50.30	7 Payee address; City; State; Zip Code 2802 Timmons Ln Houston TX 77027	
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 Postage
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 10/13/2015	5 Payee name USPS		
6 Amount (\$) 21.80	7 Payee address; City; State; Zip Code 2802 Timmons Ln Houston TX 77027		
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 Postage
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 10/13/2015	5 Payee name HOOTSUITE MEDIA	
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	(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 10/14/2015	5 Payee name Houston Unites	
6 Amount (\$) 10,000.00	7 Payee address; City; State; Zip Code PO Box 1005 Houston TX 77251	
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 HERO Campaign
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/16/2015	5 Payee name Lake Research Partners	
6 Amount (\$) 5,230.50	7 Payee address; City; State; Zip Code 1101 17th St., NW #301 Wasington DC 20036	
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)
	Polling Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Poll
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/19/2015	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	<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 10/19/2015	5 Payee name CROWN PLAZA HOUSTON	
6 Amount (\$) 8.00	7 Payee address; City; State; Zip Code 2712 Southwest Fwy Houston TX 77098	
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 10/20/2015	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	(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 10/20/2015	5 Payee name RIVER OAKS DONUTS	
6 Amount (\$) 18.07	7 Payee address; City; State; Zip Code 3601 Westheimer Rd Houston TX 77027	
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 10/22/2015	5 Payee name The Pivot Group		
6 Amount (\$) 10,176.93	7 Payee address; City; State; Zip Code 1720 I Street, NW Wasington DC 20006		
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 Direct Mail
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 10/22/2015	5 Payee name The Pivot Group	
6 Amount (\$) 10,176.93	7 Payee address; City; State; Zip Code 1720 I Street, NW Wasington DC 20006	
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 Direct Mail
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/22/2015	5 Payee name THEATER DISTRICT PARK	
6 Amount (\$) 10.00	7 Payee address; City; State; Zip Code 511 Rusk St Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category Travel Out Of 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 10/23/2015	5 Payee name ADOBE	
6 Amount (\$) 31.85	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 9/26/2015	5 Payee name Piryx		
6 Amount (\$) 0.86	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 10/1/2015	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 10/5/2015	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 10/9/2015	5 Payee name Piryx	
6 Amount (\$) 11.50	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 10/14/2015	5 Payee name Piryx		
6 Amount (\$) 20.70	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 10/22/2015	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 10/23/2015	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 10/23/2015	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 10/23/2015	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 10/23/2015	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 10/23/2015	5 Payee name Piryx	
6 Amount (\$) 4.31	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 10/23/2015	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 10/23/2015	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 10/23/2015	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 10/23/2015	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 10/23/2015	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	(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 10/24/2015	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	<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 10/24/2015	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	(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 10/24/2015	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	(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 10/24/2015	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 10/24/2015	5 Payee name Piryx		
6 Amount (\$) 2.07	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 10/24/2015	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 10/24/2015	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 10/24/2015	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 10/24/2015	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	<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 10/24/2015	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 <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 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	(b) Description <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

**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	5 Payee name		
6 Amount (\$)	7 Payee 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, 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee 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, 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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILERS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule K:

2 FILER NAME Ellen Cohen		Filer ID (Ethics Commission filers)
4 Date	5 Name of person whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I

understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions.

I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder. ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

**CANDIDATE / OFFICEHOLDER
REPORT OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC
COVER SHEET PG 1**

The C/OH-UC Instruction Guide explains how to complete this form		1 ACCOUNT # (Ethics Commission filers)	
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	OFFICE USED ONLY Date Received	
	NICKNAME LAST SUFFIX		
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT/ SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked	
4 REPORT TYPE	<input type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	Receipt #	Amount
5 PERIOD COVERED	Month Day Year THROUGH Month Day Year	Date Processed	
		Date Imaged	
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.	\$	
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$	

7 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 Candidate or Officeholder

AFFIX NOTARY 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

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS
EXPENDITURES**

**FORM C/OH-UC
PG 2**

8 C/OH NAME ,		9 ACCOUNT # (Ethics Commission filers)
10 Date	11 Payee name _____, 12 Payee address; City; State; Zip Code;	13 Amount (\$)
14 Purpose of expenditure (If travel outside of Texas, complete schedule T) (See Instruction Guide)		15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		