


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	2 Total pages filed: 128
3 CANDIDATE / OFFICEHOLDER NAME	(MS) (MRS) MR	FIRST Ellen	MI
	NICKNAME	LAST Cohen	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 22734 Houston, TX 77227		ZIP CODE
	<div style="text-align: center;">  </div>		
5 CAMPAIGN TREASURER NAME	(MS) (MRS) MR	FIRST Jackie	MI
	NICKNAME Ms	LAST Martin	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 423 Westmoreland		APT / SUITE #;
			CITY; STATE; ZIP CODE Houston TX 77006
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	713	960 0548	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 01/01/2015		THROUGH
			Month Day Year 06/30/2015
10 ELECTION	ELECTION DATE Month Day Year 11/03/2015		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) Houston City Council District C		12 OFFICE SOUGHT (if known) Houston City Council District C

GO TO PAGE 2

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

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

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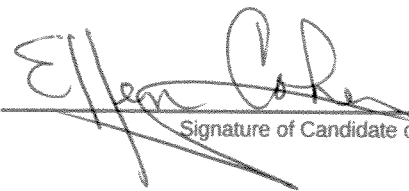
13 C / OH NAME Cohen, Ellen	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	131,450.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	24,479.73
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	167,474.05
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFADAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

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

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Cohen, Ellen		19 Filer ID
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 131,450.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 24,479.73
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/41 Rpt: 4/128
2 FILER NAME Cohen, Elien		3 Filer ID
4 Date 04/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACEC Houston PAC	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code Houston, TX 77018		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akbari, Christopher (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address: City; State; Zip Code Nederland, TX 77627		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Itex Group
Date 06/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldrich, Melissa (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77025		
Principal occupation / Job title (See Instructions) Assistant Professor		Employer (See Instructions) UTHealth
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Amelia Ann (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77025		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Joan (Ms.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Community Activist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/41 Rpt: 5/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 06/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almone, Stanley (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77006	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antene, Gary (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Marathon Oil Company
Date 06/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appel, Madeleine (Ms.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77096	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) City of Houston
Date 03/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Daniel (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Shellye (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Memorial Park Conservancy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/41 Rpt: 6/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/03/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atlas, Scott (Mr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77208	
8 Principal occupation / Job title (See Instructions) legal consultant		9 Employer (See Instructions) self
Date 05/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartos, John (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 05/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellaire Towing	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77096	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bischoff Barlow, Susan (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) marketing		Employer (See Instructions) self
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bischoff Barlow, Susan (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) marketing		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/41 Rpt: 7/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/15/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanton, Leslie (Ms.) 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Nicklos Drilling Co.
Date 03/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanton, Virginia (Ms.) Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blum, Jerry (Mr.) Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Heritage Texas Properties
Date 06/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohan, Kenneth (Mr.) Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) The Liberty Group
Date 03/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booker, Nana (Ms.) Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Art-Dealer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/41 Rpt: 8/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 06/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, Edward L. "Peck" (Mr.) 6 Contributor address; City; State; Zip Code JERSEY VILLAGE, TX 77040	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Utility Construction		9 Employer (See Instructions) BRH-Garver Construction, L.P.
Date 03/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bracewell & Giuliani, LLP Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brayshaw, Joellen (Ms.) Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brayshaw, Joellen (Ms.) Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brayshaw, Joellen (Ms.) Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/41 Rpt: 9/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 06/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewster, Jamie (Ms.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77098	
8 Principal occupation / Job title (See Instructions) President and Ex. Director		9 Employer (See Instructions) Upper Kirby District
Date 03/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bricker, Alan (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77071	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britt, Thomas (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Michelle (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Amegy Bank NA
Date 03/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodsky, Ruth (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77056	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/41 Rpt: 10/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/28/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Peter (Mr.)	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Houston, TX 77098		
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Self
Date 03/08/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Sandy (Ms.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77005		
Principal occupation / Job title (See Instructions) Small business owner		Employer (See Instructions) Self
Date 06/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Sandy (Ms.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77005		
Principal occupation / Job title (See Instructions) Small business owner		Employer (See Instructions) Self
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Sandy (Ms.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77005		
Principal occupation / Job title (See Instructions) Small business owner		Employer (See Instructions) Self
Date 06/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buck, Larry (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Risk Management Consultant		Employer (See Instructions) Larry W. Buck & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 8/41 Rpt: 11/128

2 FILER NAME
Cohen, Ellen

3 Filer ID

4 Date
02/06/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Burrress, Bob (Mr.)

7 Amount of Contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code

Houston, TX 77008

8 Principal occupation / Job title (See Instructions)
Physician

9 Employer (See Instructions)
Allergy & Asthma Associates

Date
02/06/2015

Full name of contributor out-of-state PAC (ID#: _____)
Cannon, Deborah (Ms.)

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Houston, TX 77027

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Houston Zoo

Date
04/27/2015

Full name of contributor out-of-state PAC (ID#: _____)
Carroll, Tony (Mr.)

Amount of Contribution (\$) \$500.00

Contributor address; City; State; Zip Code

Houston, TX 77006

Principal occupation / Job title (See Instructions)
Therapist

Employer (See Instructions)
Self

Date
02/07/2015

Full name of contributor out-of-state PAC (ID#: _____)
Carter, Darryl (Mr.)

Amount of Contribution (\$) \$500.00

Contributor address; City; State; Zip Code

Houston, TX 77019

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Law Office of Darryl Carter

Date
03/05/2015

Full name of contributor out-of-state PAC (ID#: _____)
Casademont, Clare (Ms.)

Amount of Contribution (\$) \$500.00

Contributor address; City; State; Zip Code

Houston, TX 77098

Principal occupation / Job title (See Instructions)
Social Worker

Employer (See Instructions)
Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/41 Rpt: 12/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/24/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, David (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX / 7004	
8 Principal occupation / Job title (See Instructions) Fundraiser		9 Employer (See Instructions) Houston Symphony
Date 03/08/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Waynette A (Ms.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Garnet (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77288	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 04/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Combs, Tom (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Tom Combs&Associates
Date 04/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comcast	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77040	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/41 Rpt: 13/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 06/09/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cominsky, Terry (Mr.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Houston, TX 77096		
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Martha Turner
Date 04/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connally IV, John B. (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77098		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Vinson & Elkins LLP
Date 03/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Cecil (Mr.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Houston, TX 77006		
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Houston Ballet
Date 04/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordell, Tom (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77019		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Haynes & Boone LLP
Date 03/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosswell, Emily (Ms.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77057		
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/41 Rpt: 14/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 06/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, Delia (Ms.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77006	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Beth (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANTE, MORRIS (Mr.)	Amount of Contribution (\$) \$18.00
	Contributor address; City; State; Zip Code Houston, TX 77096	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dannenbaum, James (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Dannenbaum Engineering Corp.
Date 02/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mark (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Davis Commercial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/41 Rpt: 15/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/22/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Patti (Ms.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77098	
8 Principal occupation / Job title (See Instructions) Senior Property Manager		9 Employer (See Instructions) Parkway Realty Services LLC
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dix, Mary (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77096	
Principal occupation / Job title (See Instructions) Purchasing Agent		Employer (See Instructions) Pegasus International, Inc.
Date 03/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edminster III, Truman (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77042	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Edminster, Hinshaw, Russ & Associates
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falick, Janice (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fallon, Gayle (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Houston Federation of Teachers

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/41 Rpt: 16/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 04/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrell, John (Mr.) 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 03/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fein, Martin (Mr.) Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Martin Fein Interests, Ltd.
Date 03/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, David (Mr.) Contributor address; City; State; Zip Code Houston, TX 77046	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) feldman and feldman
Date 04/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Theba (Ms.) Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiorito, Deborah (Ms.) Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/41 Rpt: 17/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/12/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Harriet (Ms.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77024	
8 Principal occupation / Job title (See Instructions) Community Volunteer		9 Employer (See Instructions) Self
Date 03/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 03/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, J. Kent (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77010	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Haynes & Boone, LLP
Date 03/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulbright & Jaworski	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77010	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GALBRAITH, WILLIAM (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) BUSINESSMAN		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/41 Rpt: 18/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/14/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Pamela (Ms.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77005	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Houston Astros
Date 03/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garver, C.M. (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77096	
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) BRH-Garver Inc
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Karen (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Ralph S. O'Connor & Associates
Date 02/08/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilliam, Lance (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Waterman Steele Real Estate Advisors
Date 06/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giraldo, Zita (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77027	
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 16/41 Rpt: 19/128

2 FILER NAME
Cohen, Ellen

3 Filer ID

4 Date
04/27/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Goldfield, Barbara (Ms.)

7 Amount of Contribution (\$) \$250.00

6 Contributor address; City; State; Zip Code

Houston, TX 77007

8 Principal occupation / Job title (See Instructions)
CEO

9 Employer (See Instructions)
Nathan Segal and Company

Date
02/07/2015

Full name of contributor out-of-state PAC (ID#: _____)
Goodfriend, Barry (Mr.)

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Houston, TX 77056

Principal occupation / Job title (See Instructions)
physician

Employer (See Instructions)
Baylor College of Medicine

Date
04/13/2015

Full name of contributor out-of-state PAC (ID#: _____)
Goodman, Barry (Mr.)

Amount of Contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code

Houston, TX 77006

Principal occupation / Job title (See Instructions)
Professional

Employer (See Instructions)
The Goodman Corporation

Date
06/09/2015

Full name of contributor out-of-state PAC (ID#: _____)
Goodman, Gayle (Ms.)

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Houston, TX 77006

Principal occupation / Job title (See Instructions)
Psychotherapist

Employer (See Instructions)
Psychotherapy Associates, PLLC

Date
03/04/2015

Full name of contributor out-of-state PAC (ID#: _____)
Graham, Adelma (Ms.)

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Houston, TX 77098

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/41 Rpt: 20/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 05/12/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graubart, Miriam (Ms.)	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Houston, TX 77055		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Graubart & Co
Date 05/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAA Better Government Fund	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Houston, TX 77041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILDEBRAND, JEFFERY (Mr.)	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Houston, TX 77251		
Principal occupation / Job title (See Instructions) Founder and CEO		Employer (See Instructions) Hilcorp Energy Company
Date 03/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes & Boone PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Richardson, TX 75082		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helfman, Alan (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 70024		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Helfman Dodge

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/41 Rpt: 21/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 04/23/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hildebrand, Melinda (Ms.)	7 Amount of Contribution (\$) \$2,400.00
6 Contributor address; City; State; Zip Code Houston, TX 77019		
8 Principal occupation / Job title (See Instructions) President/Owner		9 Employer (See Instructions) Self
Date 04/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hildebrand, Melinda (Ms.)	Amount of Contribution (\$) \$2,600.00
Contributor address; City; State; Zip Code Houston, TX 77019		
Principal occupation / Job title (See Instructions) President/Owner		Employer (See Instructions) Self
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hixon, Nancy (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77096		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Police Officers Union	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Houston, TX 77007		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Police Officers' Union	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Houston, TX 77007		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 19/41 Rpt: 22/128

2 FILER NAME
Cohen, Ellen

3 Filer ID

4 Date
03/24/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Hovendick, Mitchell (Mr.)

7 Amount of Contribution (\$) \$250.00

6 Contributor address; City; State; Zip Code

Houston, TX 77006

8 Principal occupation / Job title (See Instructions)
Director

9 Employer (See Instructions)
EnCap Investments

Date
05/13/2015

Full name of contributor out-of-state PAC (ID#: _____)
Hughes, Debbie (Ms.)

Amount of Contribution (\$) \$25.00

Contributor address; City; State; Zip Code

Kingwood, TX 77345

Principal occupation / Job title (See Instructions)
Business Analyst

Employer (See Instructions)
AIG

Date
06/29/2015

Full name of contributor out-of-state PAC (ID#: _____)
Hunsaker, Linda (Ms.)

Amount of Contribution (\$) \$150.00

Contributor address; City; State; Zip Code

Houston, TX 77027

Principal occupation / Job title (See Instructions)
Community Volunteer

Employer (See Instructions)
Self

Date
06/29/2015

Full name of contributor out-of-state PAC (ID#: _____)
Husmann, Kristie (Ms.)

Amount of Contribution (\$) \$20.00

Contributor address; City; State; Zip Code

Bellaire, TX 77401

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
04/28/2015

Full name of contributor out-of-state PAC (ID#: _____)
Joiner, Patricia (Ms.)

Amount of Contribution (\$) \$250.00

Contributor address; City; State; Zip Code

Houston, TX 77024

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
Knudson LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/41 Rpt: 23/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 04/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn, Alfred (Mr.) 6 Contributor address; City; State; Zip Code Houston, TX 77030	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) U of H - Clear Lake
Date 03/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Stephen (Mr.) Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Comiskey Kaufman Consulting, LLC
Date 03/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keahey, kirby (Mr.) Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keefe, Susan (Ms.) Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeton, Richard (Mr.) Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McGuireWoods

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/41 Rpt: 24/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/26/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, David (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77019	
8 Principal occupation / Job title (See Instructions) Vice President Operations		9 Employer (See Instructions) CDI Corporation
Date 03/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelsey, Mavis (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) RE Broker		Employer (See Instructions) self
Date 03/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kempner, Harris L. (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Galveston, TX 77553	
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions) Kempner Capital Management, Inc.
Date 02/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Nathelyne (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77036	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Nathelyne A. Kennedy & Associates
Date 02/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knobil, Julane H (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77025	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 22/41 Rpt: 25/128

2 FILER NAME
Cohen, Ellen

3 Filer ID

4 Date
06/09/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Krentz, David (Mr.)

7 Amount of Contribution (\$) \$250.00

6 Contributor address; City; State; Zip Code

Houston, TX 77006

8 Principal occupation / Job title (See Instructions)
retired

9 Employer (See Instructions)
retired

Date
03/24/2015

Full name of contributor out-of-state PAC (ID#: _____)
Kripke, Margaret (Ms.)

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Houston, TX 77006

Principal occupation / Job title (See Instructions)
Research Scientist

Employer (See Instructions)
Cancer Prev &Res Inst of Texas

Date
06/23/2015

Full name of contributor out-of-state PAC (ID#: _____)
LL&C 96

Amount of Contribution (\$) \$500.00

Contributor address; City; State; Zip Code

Houston, TX 77098

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/24/2015

Full name of contributor out-of-state PAC (ID#: _____)
LOCKE LORD, LLP

Amount of Contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code

Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/16/2015

Full name of contributor out-of-state PAC (ID#: _____)
Lamboley, Catherine (Ms.)

Amount of Contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code

Houston, TX 77027

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/41 Rpt: 26/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 06/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langston, Don (Mr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77006	
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Always In Season
Date 03/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lapin, Herman (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77056	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lapin, Robert (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lapin & Landa, LLP
Date 03/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lapin, Susan (Ms.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77019	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) Self
Date 06/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latimer, Truett (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77027	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Houston Museum of Natural Science

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/41 Rpt: 27/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/21/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler, Margaret (Ms.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77005	
8 Principal occupation / Job title (See Instructions) Director of Development		9 Employer (See Instructions) Da Camera
Date 03/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lents, Ann (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77046	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerner, Steve (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) real estate development		Employer (See Instructions) TRC Ventures, LP
Date 03/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Barry (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Goldeneye Inc
Date 04/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Goggan, Blair & Sampson, LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78760	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/41 Rpt: 28/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 06/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipper, Miryam (Ms.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code WASHINGTON, DC 20009		
8 Principal occupation / Job title (See Instructions) Deputy National Press Secretary		9 Employer (See Instructions) Democratic National Committee
Date 03/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loveland, Mark (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77098		
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Sapient Corporation
Date 03/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandel, Barry (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77010		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Discovery Green
Date 03/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manne, Neal (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77019		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Susman Godfrey LLP
Date 03/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Barry (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77056		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) McGladrey LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/41 Rpt: 29/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 06/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsh, J Kent (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77008	
8 Principal occupation / Job title (See Instructions) Urban Planner		9 Employer (See Instructions) Marsh Darcy Partners, Inc.
Date 04/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Jacqueline (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address: City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) J.S. Martin Associates, LP
Date 03/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massad, Stephen (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Baker Botts LLP
Date 03/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthiesen, David (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 02/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Alice (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/41 Rpt: 30/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 05/13/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McStay, Rosie (Ms.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77008	
8 Principal occupation / Job title (See Instructions) Government Relations and Community Benefits		9 Employer (See Instructions) Texas Children's Hospital
Date 03/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendelsohn, Anne (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merfish, Sherry (Ms.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 03/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William (Mr.)	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) HillCo Partners
Date 04/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Alison (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77035	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Houston Methodist Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/41 Rpt: 31/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchmore, Randy (Mr.) 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions) LifeSmiles
Date 04/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musemeche, Mark (Mr.) Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Self
Date 03/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naegeli, Betty (Ms.) Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasir, Emily (Ms.) Contributor address; City; State; Zip Code Syracuse, NY 13210	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Graduate Assistant		Employer (See Instructions) Syracuse University
Date 04/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nau, Barbara (Ms.) Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Corporate Secretary		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/41 Rpt: 32/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/24/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Stephen (Mr.) 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Area Manager		9 Employer (See Instructions) Russell Reynolds Associates
Date 05/07/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Michael (Mr.) Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Nichols Consulting
Date 03/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papadopoulos, Imogen (Ms.) Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peeks, JoAnn (Ms.) Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pennington, Paul (Mr.) Contributor address; City; State; Zip Code Houston, TX 77204	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) University of Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 30/41 Rpt: 33/128

2 FILER NAME
Cohen, Ellen

3 Filer ID

4 Date
06/09/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Phillips, CF (Mr.)

7 Amount of Contribution (\$)
\$25.00

6 Contributor address: City: State: Zip Code

Houston, TX 77005

8 Principal occupation / Job title (See Instructions)
retired

9 Employer (See Instructions)
retired

Date
02/18/2015

Full name of contributor out-of-state PAC (ID#: _____)
Postl, James (Mr.)

Amount of Contribution (\$)
\$5,000.00

Contributor address; City; State; Zip Code

Houston, TX 77056

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
06/16/2015

Full name of contributor out-of-state PAC (ID#: _____)
Pozmantier, Paula (Ms.)

Amount of Contribution (\$)
\$500.00

Contributor address; City; State; Zip Code

Houston, TX 77056

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
retired

Date
05/26/2015

Full name of contributor out-of-state PAC (ID#: _____)
Provost, Celinda (Ms.)

Amount of Contribution (\$)
\$5.00

Contributor address; City; State; Zip Code

Seattle, WA 98107

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Net Victories

Date
03/16/2015

Full name of contributor out-of-state PAC (ID#: _____)
Rabinow, Richard (Mr.)

Amount of Contribution (\$)
\$200.00

Contributor address; City; State; Zip Code

Houston, TX 77027

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/41 Rpt: 34/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 04/13/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radoff , Henry (Mr.)	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77005		
8 Principal occupation / Job title (See Instructions) Attorney Court Receiver		9 Employer (See Instructions) Henry V. Radoff PC
Date 04/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reaves, Richard (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77008		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) REAVCO INC
Date 02/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redeker, Janet (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77025		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reiner, Martin (Mr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77005		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reingold, Maxine (Ms.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77096		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/41 Rpt: 35/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 06/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, George (Mr.) 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Fred Rhodes & Associates, PC
Date 02/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Traci (Ms.) Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Stay at home mom		Employer (See Instructions) Self
Date 01/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rippner, Elaine (Ms.) Contributor address; City; State; Zip Code Tucson, AZ 85715	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rippner, Louis (Mr.) Contributor address; City; State; Zip Code Delray Beach, FL 33446	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roane, Gay (Ms.) Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/41 Rpt: 36/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/25/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Wilhelmina (Ms.) 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Regina (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 02/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothschild, George (Mr.) Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumsey, Edwin (Mr.) Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuels, J. Victor (Mr.) Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Victory Packaging Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/41 Rpt: 37/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 05/23/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sander, D.W. (Mr.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Houston, TX 77042		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Sander Engineering Corporation
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santamaria, Joseph W (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77005		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawallisch, Sharon (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77008		
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) Houston Chronicle Publishing
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seymour, Thomas (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77008		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) ExxonMobil
Date 04/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shamban, Eric (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77006		
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Candywrappers, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/41 Rpt: 38/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/24/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shumway, Nicolas (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Dean of Humanities		9 Employer (See Instructions) Rice University
Date 03/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sklar, Barbara (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Non Profit Administrator		Employer (See Instructions) Sklar Family Foundation
Date 03/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Gary (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Associate Dean		Employer (See Instructions) Rice University
Date 03/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steely, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Carter (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Johnson, Trent, West, & Taylor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/41 Rpt: 39/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 02/06/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Roanne (Ms.) 6 Contributor address; City; State; Zip Code Houston, TX 77004	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Roanne (Ms.) Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stinson, Cassie (Ms.) Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) BoyarMiller
Date 06/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Lisa (Ms.) Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) MDAnderson Cancer Center
Date 06/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Paul (Mr.) Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/41 Rpt: 40/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 04/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Assn of Realtors	7 Amount of Contribution (\$) \$10,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomason , Phyllis (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorpe, Larry W (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Emily (Ms.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) arts administrator		Employer (See Instructions) Self
Date 03/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truesdell, Carolyn (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77056	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/41 Rpt: 41/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 05/07/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verveer, Chaja (Ms.) 6 Contributor address; City; State; Zip Code FRIENDSWOOD, TX 77546	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Jane (Ms.) Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) self
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldman, Syd (Mr.) Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Funeral Director, Owner		Employer (See Instructions) Self
Date 03/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Barron (Mr.) Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bracewell & Giuliani, LLP
Date 04/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Tammi (Ms.) Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/41 Rpt: 42/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 06/09/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayt, Darlene (Ms.)	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77008		
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) MKP Consulting
Date 03/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekley, Richard (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77055		
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Weekley Properties
Date 02/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiner, Ede (Ms.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Houston, TX 77056		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winston, Barbara (Ms.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77098		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolff, Melvyn (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Star Furniture

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/41 Rpt: 43/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 06/09/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worst, Mary J (Ms.) 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 03/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wulfe, Edmund (Mr.) Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Wulfe & Company
Date 03/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynn, Claude (Mr.) Contributor address; City; State; Zip Code Houston, TX 77265	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Claude Wynn Interest
Date 06/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zammito, John (Mr.) Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rice University
Date 02/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zlotnik, Bob (Mr.) Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/41 Rpt: 44/128
2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 02/19/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zlotnik, Marcie (Ms.)	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code Houston , TX 77005		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) george, pamelA (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77019		
Principal occupation / Job title (See Instructions) Law Professor		Employer (See Instructions) South Texas College of Law
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) glosserman, patricia (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) modesett, david (Mr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Houston, TX 77098		
Principal occupation / Job title (See Instructions) president		Employer (See Instructions) vega energy partners, ltd
Date 06/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) spee selber , sara (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77027		
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/84 Rpt: 45/128		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 02/27/2015		5 Payee name 100 CLUB			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 5555 San Felipe St Houston, TX 77056			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Financial Gift	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/08/2015		Payee name ADOBE SYSTEMS			
Amount (\$) \$21.64		Payee address; City; State; Zip Code 345 Park Ave. San Jose, CA 95110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/09/2015		Payee name ADOBE SYSTEMS			
Amount (\$) \$21.64		Payee address; City; State; Zip Code 345 Park Ave. San Jose, CA 95110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/84 Rpt: 46/128		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 03/09/2015		5 Payee name ADOBE SYSTEMS			
6 Amount (\$) \$21.64		7 Payee address; City; State; Zip Code 345 Park Ave. San Jose, CA 95110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/08/2015		Payee name ADOBE SYSTEMS			
Amount (\$) \$21.64		Payee address; City; State; Zip Code 345 Park Ave. San Jose, CA 95110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/08/2015		Payee name ADOBE SYSTEMS			
Amount (\$) \$21.64		Payee address; City; State; Zip Code 345 Park Ave. San Jose, CA 95110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/84 Rpt: 47/128	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 06/08/2015	5 Payee name ADOBE SYSTEMS	
6 Amount (\$) \$21.64	7 Payee address; City; State; Zip Code 345 Park Ave. San Jose, CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2015	Payee name AMAZON	
Amount (\$) \$15.63	Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2015	Payee name AMAZON	
Amount (\$) \$32.69	Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/84 Rpt: 48/128		2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 05/08/2015		5 Payee name AMAZON		
6 Amount (\$) \$31.54		7 Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Supplies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 05/11/2015		Payee name AMAZON		
Amount (\$) \$37.28		Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 05/11/2015		Payee name AMAZON		
Amount (\$) \$88.36		Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/84 Rpt: 49/128	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 05/20/2015	5 Payee name AMAZON	
6 Amount (\$) \$69.99	7 Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/23/2015	Payee name AMAZON	
Amount (\$) \$68.82	Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2015	Payee name AMERICAN LEADERSHIP F	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3101 Richmond Ave #140 Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/84 Rpt: 50/128	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 04/27/2015	5 Payee name AMPCO PARKING REGENCY	
6 Amount (\$) \$9.00	7 Payee address; City; State; Zip Code 611 Clay St Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2015	Payee name ARTISTA	
Amount (\$) \$50.53	Payee address; City; State; Zip Code 800 Bagby St Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/15/2015	Payee name BARNABY'S CAFE	
Amount (\$) \$114.27	Payee address; City; State; Zip Code 414 W Gray St Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/84 Rpt: 51/128		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 03/30/2015		5 Payee name BLACK WALNUT CAFE			
6 Amount (\$) \$17.27		7 Payee address; City; State; Zip Code 5510 Morningside Dr Houston, TX 77005			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/18/2015		Payee name BRC HOUSTON			
Amount (\$) \$153.06		Payee address; City; State; Zip Code 519 Shepherd Dr Houston, TX 77007			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/05/2015		Payee name BULLSEYE STORAGE			
Amount (\$) \$434.00		Payee address; City; State; Zip Code 3200 W. Dallas Houston, TX 77019			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/84 Rpt: 52/128	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 02/03/2015	5 Payee name BULLSEYE STORAGE	
6 Amount (\$) \$434.00	7 Payee address; City; State; Zip Code 3200 W. Dallas Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2015	Payee name BULLSEYE STORAGE	
Amount (\$) \$434.00	Payee address; City; State; Zip Code 3200 W. Dallas Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2015	Payee name BULLSEYE STORAGE	
Amount (\$) \$434.00	Payee address; City; State; Zip Code 3200 W. Dallas Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/84 Rpt: 53/128		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 05/04/2015		5 Payee name BULLSEYE STORAGE			
6 Amount (\$) \$434.00		7 Payee address; City; State; Zip Code 3200 W. Dallas Houston, TX 77019			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/03/2015		Payee name BULLSEYE STORAGE			
Amount (\$) \$434.00		Payee address; City; State; Zip Code 3200 W. Dallas Houston, TX 77019			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/16/2015		Payee name Bluehost			
Amount (\$) \$49.00		Payee address; City; State; Zip Code 560 Timpanogos Pkwy Orem, UT 84097			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Website Hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/22/2015		5 Payee name Boyett, Brooke (Ms.)			
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code 1609 Castle Ct. #2 Houston, TX 77006			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/15/2015		Payee name CAFE GINGER			
Amount (\$) \$68.16		Payee address; City; State; Zip Code 1952 W Gray St Houston, TX 77019			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/30/2015		Payee name CHASE BANK			
Amount (\$) \$27.95		Payee address; City; State; Zip Code 2435 W Alabama Houston, TX 77098			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Reorder	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 01/05/2015		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 (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/05/2015		Payee name CLEAR			
Amount (\$) \$57.48		Payee address; City; State; Zip Code Dept. CH 14365 Palatine, IL 60055			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/05/2015		Payee name CLEAR			
Amount (\$) \$57.48		Payee address; City; State; Zip Code Dept. CH 14365 Palatine, IL 60055			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 04/06/2015	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 (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/05/2015	Candidate/Officeholder name Office sought Office held	
Payee name CLEAR		
Amount (\$) \$57.48	Payee address; City; State; Zip Code Dept. CH 14365 Palatine, IL 60055	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/05/2015	Candidate/Officeholder name Office sought Office held	
Payee name CLEAR		
Amount (\$) \$57.48	Payee address; City; State; Zip Code Dept. CH 14365 Palatine, IL 60055	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 06/22/2015	5 Payee name COCOS CREPES	
6 Amount (\$) \$161.24	7 Payee address; City; State; Zip Code 218 Gray St Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
Date 03/25/2015	Payee name COCOS CREPES	
Amount (\$) \$75.78	Payee address; City; State; Zip Code 218 Gray St Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
Date 01/26/2015	Payee name COCOS CREPES	
Amount (\$) \$136.35	Payee address; City; State; Zip Code 218 Gray St Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 01/29/2015	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 (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held
Date 03/02/2015	Payee name COMCAST	
Amount (\$) \$110.02	Payee address; City; State; Zip Code 8590 W. Tidwell Rd. Houston, TX 77040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held
Date 03/30/2015	Payee name COMCAST	
Amount (\$) \$110.02	Payee address; City; State; Zip Code 8590 W. Tidwell Rd. Houston, TX 77040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 04/29/2015	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 (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2015	Candidate/Officeholder name COMCAST	
Amount (\$) \$110.02	Office sought 8590 W. Tidwell Rd. Houston, TX 77040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/29/2015	Candidate/Officeholder name COMCAST	
Amount (\$) \$110.02	Office sought 8590 W. Tidwell Rd. Houston, TX 77040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 02/09/2015	5 Payee name CONNECTIVITY SOURCE	
6 Amount (\$) \$43.29	7 Payee address; City; State; Zip Code 5015 Westheimer Rd Houston, TX 77056	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/20/2015	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$120.00	Payee name CREATESEND.COM	
	Payee address; City; State; Zip Code 3-5 Stapleton Avenue Ste. 404 Sutherland 2232 Australia	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Broadcast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/18/2015	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$120.00	Payee name CREATESEND.COM	
	Payee address; City; State; Zip Code 3-5 Stapleton Avenue Ste. 404 Sutherland 2232 Australia	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Broadcast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 03/18/2015	5 Payee name CREATESEND.COM	
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 3-5 Stapleton Avenue Ste. 404 Sutherland 2232 Australia	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Broadcast
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/20/2015	Payee name CREATESEND.COM	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 3-5 Stapleton Avenue Ste. 404 Sutherland 2232 Australia	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Broadcast
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/18/2015	Payee name CREATESEND.COM	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 3-5 Stapleton Avenue Ste. 404 Sutherland 2232 Australia	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Broadcast
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/18/2015		5 Payee name CREATESEND.COM			
6 Amount (\$) \$120.00		7 Payee address; City; State; Zip Code 3-5 Stapleton Avenue Ste. 404 Sutherland 2232 Australia			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Broadcast	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/18/2015		Payee name DELL SALES & SERVICE			
Amount (\$) \$54.01		Payee address; City; State; Zip Code 1 Dell Way Round Rock, TX 78682			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/15/2015		Payee name DELL SALES & SERVICE			
Amount (\$) \$0.10		Payee address; City; State; Zip Code 1 Dell Way Round Rock, TX 78682			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 05/14/2015		5 Payee name DON JOSE MEXICAN RESTAURANT		
6 Amount (\$) \$152.15		7 Payee address; City; State; Zip Code 5305 Antoine Dr Houston, TX 77091		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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 Fundraiser	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 04/17/2015		Payee name DON JOSE MEXICAN RESTAURANT		
Amount (\$) \$39.92		Payee address; City; State; Zip Code 5305 Antoine Dr Houston, TX 77091		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 03/17/2015		Payee name FADIS MEDITERRANEAN		
Amount (\$) \$24.88		Payee address; City; State; Zip Code 8383 Westheimer Houston, TX 77063		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/29/2015		5 Payee name FEDEX			
6 Amount (\$) \$97.43		7 Payee address; City; State; Zip Code 2455 Rice Blvd Houston, TX 77005			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Mailing/Postage	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/30/2015		Payee name FLOWERS.COM			
Amount (\$) \$61.68		Payee address; City; State; Zip Code One Old Country Road Suite 500 Carle Place, NY 11514			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Event Appreciation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/11/2015		Payee name HOLOCAUST MUSEUM			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 5401 Caroline St Houston, TX 77004			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Financial Gift	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 06/29/2015	5 Payee name HOME DEPOT	
6 Amount (\$) \$96.10	7 Payee address; City; State; Zip Code 10111 Broadway Pearland, TX 77584	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 01/12/2015	Payee name HOOTSUITE MEDIA	
Amount (\$) \$5.99	Payee address; City; State; Zip Code 5 East 8th Avenue Vancouver V5T1R6 Canada	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 02/11/2015	Payee name HOOTSUITE MEDIA	
Amount (\$) \$6.36	Payee address; City; State; Zip Code 5 East 8th Avenue Vancouver V5T1R6 Canada	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/11/2015		5 Payee name HOOTSUITE MEDIA		
6 Amount (\$) \$6.36		7 Payee address; City; State; Zip Code 5 East 8th Avenue Vancouver V5T1R6 Canada		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 04/13/2015		Payee name HOOTSUITE MEDIA		
Amount (\$) \$6.36		Payee address; City; State; Zip Code 5 East 8th Avenue Vancouver V5T1R6 Canada		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 06/11/2015		Payee name HOOTSUITE MEDIA		
Amount (\$) \$6.36		Payee address; City; State; Zip Code 5 East 8th Avenue Vancouver V5T1R6 Canada		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 05/12/2015	5 Payee name HOOTSUITE MEDIA	
6 Amount (\$) \$6.36	7 Payee address; City; State; Zip Code 5 East 8th Avenue Vancouver V5T1R6 Canada	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/13/2015	Payee name HOUSE OF COFFEE BEANS	
Amount (\$) \$45.50	Payee address; City; State; Zip Code 2348 Bissonnet Houston, TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2015	Payee name HOUSE OF COFFEE BEANS	
Amount (\$) \$39.13	Payee address; City; State; Zip Code 2348 Bissonnet Houston, TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 06/10/2015	5 Payee name HOUSTON ASSOC OF REALTORS	
6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 3693 Southwest Fwy Houston, TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Financial Gift
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2015	Payee name KROGER	
Amount (\$) \$21.98	Payee address; City; State; Zip Code 11003 Shadow Creek Pkwy Pearland, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/24/2015	Payee name KROGER	
Amount (\$) \$19.12	Payee address; City; State; Zip Code 1938 W Gray St Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 03/04/2015	5 Payee name KROGER	
6 Amount (\$) \$55.81	7 Payee address; City; State; Zip Code 440 Studemont St Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/08/2015	Payee name MAI'S	
Amount (\$) \$33.65	Payee address; City; State; Zip Code 3403 Milam St Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/29/2015	Payee name MIAS TABLE	
Amount (\$) \$329.83	Payee address; City; State; Zip Code 3131 Argonne St Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 04/22/2015		5 Payee name MIAS TABLE		
6 Amount (\$) \$31.39		7 Payee address; City; State; Zip Code 3131 Argonne St Houston, TX 77098		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 05/15/2015		Payee name MSFT OFFICE		
Amount (\$) \$108.24		Payee address; City; State; Zip Code OneMicrosoft Way Redmond, WA 98052		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/02/2015		Payee name NINO'S		
Amount (\$) \$68.02		Payee address; City; State; Zip Code 2817 W Dallas St Houston, TX 77019		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 06/23/2015	5 Payee name Nasir, Emily (Ms.)	
6 Amount (\$) \$45.01	7 Payee address; City; State; Zip Code 5408 Braeburn Dr. Bellaire, TX 77401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	
Date 06/02/2015	Payee name Nasir, Emily (Ms.)	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 5408 Braeburn Dr. Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	
Date 04/29/2015	Payee name Nasir, Emily (Ms.)	
Amount (\$) \$676.37	Payee address; City; State; Zip Code 5408 Braeburn Dr. Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 04/16/2015		5 Payee name Nasir, Emily (Ms.)			
6 Amount (\$) \$350.00		7 Payee address; City; State; Zip Code 5408 Braeburn Dr. Bellaire, TX 77401			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/06/2015		Payee name Nasir, Emily (Ms.)			
Amount (\$) \$350.00		Payee address; City; State; Zip Code 5408 Braeburn Dr. Bellaire, TX 77401			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/17/2015		Payee name Nasir, Emily (Ms.)			
Amount (\$) \$350.00		Payee address; City; State; Zip Code 5408 Braeburn Dr. Bellaire, TX 77401			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 03/02/2015		5 Payee name Nasir, Emily (Ms.)			
6 Amount (\$) \$350.00		7 Payee address; City; State; Zip Code 5408 Braeburn Dr. Bellaire, TX 77401			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/12/2015		Payee name Net Victories			
Amount (\$) \$800.00		Payee address; City; State; Zip Code PO Box 5013 Austin, TX 78763			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/20/2015		Payee name Net Victories			
Amount (\$) \$250.00		Payee address; City; State; Zip Code PO Box 5013 Austin, TX 78763			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 02/06/2015	5 Payee name Net Victories	
6 Amount (\$) \$700.00	7 Payee address; City; State; Zip Code PO Box 5013 Austin, TX 78763	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/23/2015	Candidate/Officeholder name Payee name Net Victories	
Amount (\$) \$800.00	Office sought Payee address; City; State; Zip Code PO Box 5013 Austin, TX 78763	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/09/2015	Candidate/Officeholder name Payee name Net Victories	
Amount (\$) \$700.00	Office sought Payee address; City; State; Zip Code PO Box 5013 Austin, TX 78763	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 03/13/2015		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 (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/07/2015		Payee name Net Victories			
Amount (\$) \$700.00		Payee address; City; State; Zip Code PO Box 5013 Austin, TX 78763			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/20/2015		Payee name Net Victories			
Amount (\$) \$800.00		Payee address; City; State; Zip Code PO Box 5013 Austin, TX 78763			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 05/12/2015		5 Payee name Net Victories		
6 Amount (\$) \$700.00		7 Payee address; City; State; Zip Code PO Box 5013 Austin, TX 78763		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 05/20/2015		Payee name Net Victories		
Amount (\$) \$800.00		Payee address; City; State; Zip Code PO Box 5013 Austin, TX 78763		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 06/22/2015		Payee name Net Victories		
Amount (\$) \$800.00		Payee address; City; State; Zip Code PO Box 5013 Austin, TX 78763		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/02/2015		5 Payee name Net Victories			
6 Amount (\$) \$700.00		7 Payee address; City; State; Zip Code PO Box 5013 Austin, TX 78763			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/13/2015		Payee name OAK FOREST WOMENS GROUP			
Amount (\$) \$60.00		Payee address; City; State; Zip Code PO Box 920561 Houston, TX 77292			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Financial Gift	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/30/2015		Payee name OMNI HOUSTON PARKING			
Amount (\$) \$18.00		Payee address; City; State; Zip Code 4 Riverway Houston, TX 77056			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 01/16/2015		5 Payee name PIRYX			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/20/2015		Payee name PIRYX			
Amount (\$) \$29.00		Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/18/2015		Payee name PLANNED PARENTHOOD			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 4600 Gulf Fwy Houston, TX 77023			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Financial Gift	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 01/26/2015	5 Payee name Piryx	
6 Amount (\$) \$14.38	7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held
Date 02/06/2015	Payee name Piryx	
Amount (\$) \$5.75	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held
Date 02/06/2015	Payee name Piryx	
Amount (\$) \$1.44	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 02/06/2015		5 Payee name Piryx			
6 Amount (\$) \$5.75		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/06/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/06/2015		Payee name Piryx			
Amount (\$) \$5.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 02/06/2015	5 Payee name Piryx	
6 Amount (\$) \$5.75	7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held
Date 02/06/2015	Payee name Piryx	
Amount (\$) \$2.88	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held
Date 02/07/2015	Payee name Piryx	
Amount (\$) \$28.75	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 02/07/2015	5 Payee name Piryx	
6 Amount (\$) \$5.75	7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	
Date 02/08/2015	Payee name Piryx	
Amount (\$) \$5.75	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	
Date 02/09/2015	Payee name Piryx	
Amount (\$) \$5.75	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 02/09/2015	5 Payee name Piryx	
6 Amount (\$) \$11.50	7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held
Date 02/11/2015	Payee name Piryx	
Amount (\$) \$5.75	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held
Date 02/11/2015	Payee name Piryx	
Amount (\$) \$1.44	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 02/17/2015	5 Payee name Piryx	
6 Amount (\$) \$5.75	7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	
Date 02/18/2015	Payee name Piryx	
Amount (\$) \$287.50	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	
Date 02/19/2015	Payee name Piryx	
Amount (\$) \$287.50	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 02/19/2015	5 Payee name Piryx	
6 Amount (\$) \$287.50	7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2015	Payee name Piryx	
Amount (\$) \$28.75	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2015	Payee name Piryx	
Amount (\$) \$1.44	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 42/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 03/01/2015	5 Payee name Piryx	
6 Amount (\$) \$5.75	7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2015	Candidate/Officeholder name Payee name Piryx	
Amount (\$) \$14.38	Office sought Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2015	Candidate/Officeholder name Payee name Piryx	
Amount (\$) \$28.75	Office sought Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 03/03/2015	5 Payee name Piryx	
6 Amount (\$) \$28.75	7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2015	Payee name Piryx	
Amount (\$) \$11.50	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2015	Payee name Piryx	
Amount (\$) \$14.38	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 44/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 03/05/2015		5 Payee name Piryx			
6 Amount (\$) \$28.75		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate/Officeholder name		Office sought		Office held	
Date 03/05/2015		Payee name Piryx			
Amount (\$) \$57.50		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate/Officeholder name		Office sought		Office held	
Date 03/05/2015		Payee name Piryx			
Amount (\$) \$28.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate/Officeholder name		Office sought		Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 45/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 03/05/2015	5 Payee name Piryx	
6 Amount (\$) \$28.75	7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2015	Payee name Piryx	
Amount (\$) \$28.75	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2015	Payee name Piryx	
Amount (\$) \$5.75	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 46/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 03/08/2015		5 Payee name Piryx			
6 Amount (\$) \$28.75		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/08/2015		Payee name Piryx			
Amount (\$) \$57.50		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/09/2015		Payee name Piryx			
Amount (\$) \$57.50		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 47/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 03/12/2015	5 Payee name Piryx	
6 Amount (\$) \$57.50	7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2015	Payee name Piryx	
Amount (\$) \$28.75	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2015	Payee name Piryx	
Amount (\$) \$28.75	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 48/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 03/13/2015		5 Payee name Piryx			
6 Amount (\$) \$57.50		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/18/2015		Payee name Piryx			
Amount (\$) \$8.63		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/19/2015		Payee name Piryx			
Amount (\$) \$5.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 49/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/20/2015		5 Payee name Piryx		
6 Amount (\$) \$57.50		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/20/2015		Payee name Piryx		
Amount (\$) \$28.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/21/2015		Payee name Piryx		
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 50/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 03/22/2015	5 Payee name Piryx	
6 Amount (\$) \$28.75	7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/22/2015	Candidate/Officeholder name Payee name Piryx	
Amount (\$) \$28.75	Office sought Office held	
	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/22/2015	Candidate/Officeholder name Payee name Piryx	
Amount (\$) \$28.75	Office sought Office held	
	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/22/2015	Candidate/Officeholder name Payee name Piryx	
Amount (\$) \$28.75	Office sought Office held	
	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 52/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/24/2015		5 Payee name Piryx		
6 Amount (\$) \$14.38		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 03/24/2015		Candidate/Officeholder name Payee name Piryx		
Amount (\$) \$14.38		Office sought Office held		
Date 03/24/2015		Payee name Piryx		
Amount (\$) \$14.38		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 03/26/2015		Candidate/Officeholder name Payee name Piryx		
Amount (\$) \$1.44		Office sought Office held		
Date 03/26/2015		Payee name Piryx		
Amount (\$) \$1.44		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 53/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 03/27/2015		5 Payee name Piryx			
6 Amount (\$) \$14.38		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/27/2015		Payee name Piryx			
Amount (\$) \$28.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/28/2015		Payee name Piryx			
Amount (\$) \$57.50		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 54/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 04/01/2015		5 Payee name Piryx			
6 Amount (\$) \$57.50		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/01/2015		Payee name Piryx			
Amount (\$) \$287.50		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/13/2015		Payee name Piryx			
Amount (\$) \$1.44		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 55/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 04/13/2015		5 Payee name Piryx			
6 Amount (\$) \$57.50		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/13/2015		Payee name Piryx			
Amount (\$) \$14.38		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/14/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 56/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 04/21/2015		5 Payee name Piryx			
6 Amount (\$) \$5.75		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/21/2015		Payee name Piryx			
Amount (\$) \$28.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/21/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 57/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 04/23/2015		5 Payee name Piryx			
6 Amount (\$) \$138.00		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/23/2015		Payee name Piryx			
Amount (\$) \$149.50		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/27/2015		Payee name Piryx			
Amount (\$) \$14.38		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 58/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 04/27/2015		5 Payee name Piryx			
6 Amount (\$) \$1.44		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/28/2015		Payee name Piryx			
Amount (\$) \$5.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/06/2015		Payee name Piryx			
Amount (\$) \$14.38		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 59/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 05/07/2015		5 Payee name Piryx			
6 Amount (\$) \$11.50		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/07/2015		Payee name Piryx			
Amount (\$) \$57.50		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/19/2015		Payee name Piryx			
Amount (\$) \$1.44		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 60/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 05/26/2015		5 Payee name Piryx			
6 Amount (\$) \$0.29		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/27/2015		Payee name Piryx			
Amount (\$) \$57.50		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/28/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 61/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/09/2015		5 Payee name Piryx			
6 Amount (\$) \$2.88		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/09/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/09/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 62/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/09/2015		5 Payee name Piryx			
6 Amount (\$) \$1.44		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/09/2015		Payee name Piryx			
Amount (\$) \$14.38		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/09/2015		Payee name Piryx			
Amount (\$) \$14.38		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 63/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/09/2015		5 Payee name Piryx			
6 Amount (\$) \$5.75		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/09/2015		Payee name Piryx			
Amount (\$) \$28.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/10/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 64/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/10/2015		5 Payee name Piryx			
6 Amount (\$) \$2.88		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/13/2015		Payee name Piryx			
Amount (\$) \$1.44		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/14/2015		Payee name Piryx			
Amount (\$) \$14.38		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
	Legal Services		OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 65/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/15/2015		5 Payee name Piryx			
6 Amount (\$) \$5.75		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/15/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/16/2015		Payee name Piryx			
Amount (\$) \$28.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 66/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/19/2015		5 Payee name Piryx			
6 Amount (\$) \$2.88		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/23/2015		Payee name Piryx			
Amount (\$) \$5.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/23/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 67/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/29/2015		5 Payee name Piryx			
6 Amount (\$) \$5.75		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/29/2015		Payee name Piryx			
Amount (\$) \$5.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/29/2015		Payee name Piryx			
Amount (\$) \$14.38		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 68/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/29/2015		5 Payee name Piryx			
6 Amount (\$) \$2.88		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/29/2015		Payee name Piryx			
Amount (\$) \$1.04		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/29/2015		Payee name Piryx			
Amount (\$) \$14.38		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 69/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/29/2015		5 Payee name Piryx			
6 Amount (\$) \$2.88		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/29/2015		Payee name Piryx			
Amount (\$) \$1.15		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/29/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 70/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/29/2015		5 Payee name Piryx			
6 Amount (\$) \$5.75		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/29/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/29/2015		Payee name Piryx			
Amount (\$) \$1.44		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 71/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/29/2015		5 Payee name Piryx			
6 Amount (\$) \$14.38		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/29/2015		Payee name Piryx			
Amount (\$) \$8.63		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/29/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 72/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/29/2015		5 Payee name Piryx			
6 Amount (\$) \$14.38		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/29/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/29/2015		Payee name Piryx			
Amount (\$) \$2.88		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 73/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/29/2015		5 Payee name Piryx			
6 Amount (\$) \$5.75		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/29/2015		Payee name Piryx			
Amount (\$) \$5.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/30/2015		Payee name Piryx			
Amount (\$) \$5.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 74/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/30/2015		5 Payee name Piryx			
6 Amount (\$) \$0.58		7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/30/2015		Payee name Piryx			
Amount (\$) \$5.75		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/30/2015		Payee name Piryx			
Amount (\$) \$14.38		Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 75/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 06/30/2015	5 Payee name Piryx	
6 Amount (\$) \$5.75	7 Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held
Date 06/30/2015	Payee name Piryx	
Amount (\$) \$4.14	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held
Date 06/30/2015	Payee name Piryx	
Amount (\$) \$1.44	Payee address; City; State; Zip Code 901 Mission Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch. 76/84 Rpt.		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/17/2015		5 Payee name RANDALLS STORE			
6 Amount (\$) \$71.95		7 Payee address; City; State; Zip Code 2075 Westheimer Rd. Houston, TX 77098			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/04/2015		Payee name RANDALLS STORE			
Amount (\$) \$171.88		Payee address; City; State; Zip Code 2075 Westheimer Rd. Houston, TX 77098			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/13/2015		Payee name RANDALLS STORE			
Amount (\$) \$94.46		Payee address; City; State; Zip Code 2075 Westheimer Rd. Houston, TX 77098			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 77/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 01/21/2015		5 Payee name RANDALLS STORE			
6 Amount (\$) \$162.74		7 Payee address; City; State; Zip Code 2075 Westheimer Rd. Houston, TX 77098			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/18/2015		Payee name ST BENEDICT CATHOLIC CHURCH			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 4025 Grapevine St Houston, TX 77045			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Memorial Gift	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/04/2015		Payee name STAPLES			
Amount (\$) \$8.42		Payee address; City; State; Zip Code 1919 Taylor St Houston, TX 77007			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 78/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 03/05/2015	5 Payee name STAR PIZZA	
6 Amount (\$) \$38.39	7 Payee address; City; State; Zip Code 77 Harvard Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/16/2015	Payee name Scarborough, Richard (Mr.)	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 616 Memorial Heights Dr #10313 Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Technology Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/27/2015	Payee name Square Inc	
Amount (\$) \$0.49	Payee address; City; State; Zip Code 1455 Market Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 79/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID
4 Date 03/04/2015		5 Payee name TARGET		
6 Amount (\$) \$62.72		7 Payee address; City; State; Zip Code 2580 Shearn St Houston, TX 77007		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 02/18/2015		Payee name TEXAS FREEDOM NTWK		
Amount (\$) \$100.00		Payee address; City; State; Zip Code P.O. Box 1624 Austin, TX 78767		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Financial Gift	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 06/05/2015		Payee name THE POPCORN BAR		
Amount (\$) \$43.19		Payee address; City; State; Zip Code 3829 Southwest Fwy Houston, TX 77027		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 80/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 06/05/2015		5 Payee name THE POPCORN BAR			
6 Amount (\$) \$29.20		7 Payee address; City; State; Zip Code 3829 Southwest Fwy Houston, TX 77027			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/09/2015		Payee name UBER TECHNOLOGIES			
Amount (\$) \$20.00		Payee address; City; State; Zip Code 800 Market St San Francisco, CA 94102			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/12/2015		Payee name UBER TECHNOLOGIES			
Amount (\$) \$5.10		Payee address; City; State; Zip Code 800 Market St San Francisco, CA 94102			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 81/84 Rpt:	2 FILER NAME Cohen, Ellen	3 Filer ID
4 Date 02/12/2015	5 Payee name UBER TECHNOLOGIES	
6 Amount (\$) \$6.00	7 Payee address; City; State; Zip Code 800 Market St San Francisco, CA 94102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/02/2015	Payee name UBER TECHNOLOGIES	
Amount (\$) \$7.96	Payee address; City; State; Zip Code 800 Market St San Francisco, CA 94102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/26/2015	Payee name UBER TECHNOLOGIES	
Amount (\$) \$8.33	Payee address; City; State; Zip Code 800 Market St San Francisco, CA 94102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 82/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 05/28/2015		5 Payee name UBER TECHNOLOGIES			
6 Amount (\$) \$13.63		7 Payee address; City; State; Zip Code 800 Market St San Francisco, CA 94102			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Transportation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/21/2015		Payee name UNION KITCHEN			
Amount (\$) \$44.33		Payee address; City; State; Zip Code 12538 Memorial Dr Houston, TX 77024			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/14/2015		Payee name USPS			
Amount (\$) \$57.46		Payee address; City; State; Zip Code 2802 Timmons Ln Houston, TX 77027			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Mailing/Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 83/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 01/16/2015		5 Payee name USPS			
6 Amount (\$) \$128.00		7 Payee address; City; State; Zip Code 2802 Timmons Ln Houston, TX 77027			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Mailing/Postage	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/17/2015		Payee name USPS			
Amount (\$) \$120.00		Payee address; City; State; Zip Code 2802 Timmons Ln Houston, TX 77027			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Mailing/Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/26/2015		Payee name VIETPIA			
Amount (\$) \$37.33		Payee address; City; State; Zip Code 5176 Buffalo Speedway Houston, TX 77005			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 84/84 Rpt:		2 FILER NAME Cohen, Ellen		3 Filer ID	
4 Date 05/19/2015		5 Payee name WALTRIP RAM BAND			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 1900 W 34th St Houston, TX 77018			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Financial Gift	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/08/2015		Payee name WESTIN GALLERIA			
Amount (\$) \$25.00		Payee address; City; State; Zip Code 5011 Westheimer Rd Houston, TX 77056			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/23/2015		Payee name WESTIN GALLERIA			
Amount (\$) \$17.00		Payee address; City; State; Zip Code 5011 Westheimer Rd Houston, TX 77056			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	