

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00089690		2 Total pages filed: 10		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ms. Jessica	MI	ELECTRONICALLY FILED 02/04/2026	
	NICKNAME	LAST Cohen	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____	Receipt # _____	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Amount	
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month 01/01/2026	Day	Year	Month 01/22/2026	Day
	THROUGH				

6 EXPLANATION OF CORRECTION

Missed adding the actblue donation fees and changed a check to actblue.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Jessica Cohen

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 oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 1**

The SC C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00089690	2 Total pages filed: 10
3 CANDIDATE NAME	MS / MRS / MR Ms.	FIRST Jessica	MI	OFFICE USE ONLY
	NICKNAME	LAST Cohen	SUFFIX	Date Received ELECTRONICALLY FILED 02/04/2026
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked
	PO Box 26			Receipt #
	Del Valle, TX 78617-9998			Amount
				Date Processed
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Daniela	MI	
	NICKNAME	LAST Silva	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	5604 Manor Rd. Austin, TX 78723			
7 CAMPAIGN TREASURER PHONE	AREA CODE (512) 270-9334	PHONE NUMBER	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before convention / election	<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before convention / election	<input type="checkbox"/> Final report (Attach SC C/OH-FR)	
9 PERIOD COVERED	Month 01/01/2026	Day	Year	Month 01/22/2026
10 CONVENTION / ELECTION DATE	Month 03/03/2026	Day	Year	11 OFFICE SOUGHT
12 POLITICAL PARTY	Democrat			COUNTY (If Applicable) Travis
<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR				

GO TO PAGE 2

STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS

FORM SC C/OH
COVER SHEET PG 2

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13 CANDIDATE NAME	Cohen, Jessica (Ms.)		14 Filer ID (Ethics Commission Filers) 00089690												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00												
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,871.11												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. TOTAL POLITICAL EXPENDITURES		\$ 2,304.37												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 1,620.54												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 5,000.00												

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.

Ms. Jessica Cohen

Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

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18 CANDIDATE NAME Cohen, Jessica (Ms.)	19 Filer ID (Ethics Commission Filers) 00089690
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
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 F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
12. <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: 1/3 Rpt: 5/10
2 FILER NAME Cohen, Jessica (Ms.)		3 Filer ID (Ethics Commission Filers) 00089690
4 Date 01/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRILEY, ROONE (Mr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78722	
8 Principal occupation / Job title (See Instructions) Server		9 Employer (See Instructions) Valhalla
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buck, Karen (Ms.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Lily (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) The Workhorse
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E Corwin, Benjamin (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78744	
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) City of Austin
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Amanda (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Elysium

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 2/3 Rpt: 6/10
2 FILER NAME Cohen, Jessica (Ms.)			3 Filer ID (Ethics Commission Filers) 00089690
4 Date 01/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honda, Jennifer (Ms.)	6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$170.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self	
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahle, Mary (Mrs.)	Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) student		Employer (See Instructions) Texas State	
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Dane (Mr.)	Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Student	
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandlin, Sadie (Ms.)	Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Circuit of the Americas	
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Ciara (Ms.)	Contributor address; City; State; Zip Code Kailua Kona, HI 96740	Amount of Contribution (\$) \$111.11
Principal occupation / Job title (See Instructions) Massage therapist		Employer (See Instructions) PH	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/10
2 FILER NAME Cohen, Jessica (Ms.)		3 Filer ID (Ethics Commission Filers) 00089690
4 Date 01/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Susan (Mrs.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77096	
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) HISD
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weider, Will (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Stevens Point, WI 54481	
Principal occupation / Job title (See Instructions) CIO		Employer (See Instructions) Aspirus
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hurwitz, edward (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code houston, TX 77056	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wickham, isabella (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code austin, TX 78753	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Student
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wickham, john (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code austin, TX 78753	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Dei Gratia, Inc

LOANS

SCHEDULE E

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule E: Sch: 1/1 Rpt: 8/10</p>
<p>2 FILER NAME Cohen, Jessica (Ms.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089690</p>
<p>4 TOTAL OF UNITEMIZED LOANS</p>		<p>\$</p>
<p>5 Date of loan 01/01/2026</p>	<p>7 Name of lender cohen, jessica</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>
		<p>9 Loan Amount (\$) \$5,000.00</p>
<p>6 Is lender a financial institution? No</p>	<p>8 Lent address; City; State; Zip Code Del Valle, TX 78617</p>	<p>10 Interest Rate</p>
		<p>11 Maturity Date</p>
<p>12 Principal occupation / Job title (See Instructions)</p>		<p>13 Employer (See Instructions)</p>
<p>14 Description of Collateral <input checked="" type="checkbox"/> None</p>		<p>15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/></p>
<p>16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</p>		<p>17 Name of guarantor</p>
<p>18 Guarantor address; City; State; Zip Code</p>		<p>19 Amount Guaranteed (\$)</p>
<p>20 Principal occupation</p>		<p>21 Employer (See Instructions)</p>

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
Credit Card Payment	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: 1/2 Rpt: 9/10	2 FILER NAME Cohen, Jessica (Ms.)	3 Filer ID (Ethics Commission Filers) 00089690
4 Date 01/22/2026	5 Payee name Actblue	
6 Amount (\$) \$53.80	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
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 Actblue Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/15/2026	Payee name Dreamhost	
Amount (\$) \$16.80	Payee address; City; State; Zip Code 417 Associated Rd. PMB #257 Brea, CA 92821	
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 google workspace
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	Payee name Gaines, Chris	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 5224 Washington Ave Houston, TX 77007	
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 website, email, and social media
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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 2/2 Rpt: 10/10	2 FILER NAME Cohen, Jessica (Ms.)	3 Filer ID (Ethics Commission Filers) 00089690
4 Date 01/17/2026	5 Payee name Gaines, Chris	
6 Amount (\$) \$1,000.00	7 Payee address; City; 5224 Washington Ave Houston, TX 77007	
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 website, email, and social media
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/16/2026	Payee name Mailchimp	
Amount (\$) \$233.77	Payee address; City; 405 N. Angier Ave. NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 bulk email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held