

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS**

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

2 of 10

13 CANDIDATE NAME Cohen, Jessica (Ms.)	14 Filer ID (Ethics Commission Filers) 00089690
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	3,370.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,740.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	5,375.33
	4. TOTAL POLITICAL EXPENDITURES	\$	10,750.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,000.00

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

18 CANDIDATE NAME Cohen, Jessica (Ms.)		19 Filer ID 00089690	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	6,740.00
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	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	10,750.66
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: 1/4 Rpt: 4/10
2 FILER NAME Cohen, Jessica (Ms.)		3 Filer ID (Ethics Commission Filers) 00089690
4 Date 01/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURKHARDT, WILLIAM (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, James (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Lily (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) The Workhorse
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driggs, David (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Advantest
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durante, Al (Mr.) <hr/> Contributor address; City; State; Zip Code Longview, TX 75601	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/10
2 FILER NAME Cohen, Jessica (Ms.)		3 Filer ID (Ethics Commission Filers) 00089690
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, J. Kent (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77056	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Sarah (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Nurse practitioner		Employer (See Instructions) Allergies and asthma clinic austin
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halpin, Beki (Mrs.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honda, Jennifer (Ms.)	Amount of Contribution (\$) \$190.00
	Contributor address; City; State; Zip Code Honolulu, HI 96821	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killalea, Mike (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lago Vista, TX 78645	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/10
2 FILER NAME Cohen, Jessica (Ms.)		3 Filer ID (Ethics Commission Filers) 00089690
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luciano, Richard (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Cattle Rancher		9 Employer (See Instructions) R2 Ranch, LLC
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maverick, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78736	
Principal occupation / Job title (See Instructions) Entertainer		Employer (See Instructions) Self
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Kerri (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Hospitality		Employer (See Instructions) Lazarus Brewing
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Sabella (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Respiratory Therapist		Employer (See Instructions) Baylor Scott & White
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollak, George (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Miami, FL 33156	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/10
2 FILER NAME Cohen, Jessica (Ms.)		3 Filer ID (Ethics Commission Filers) 00089690
4 Date 02/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Stewart (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77024	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) levi, bruce (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78738	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 8/10
2 FILER NAME Cohen, Jessica (Ms.)		3 Filer ID (Ethics Commission Filers) 00089690
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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
Credit Card Payment

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: 1/2 Rpt: 9/10	2 FILER NAME Cohen, Jessica (Ms.)	3 Filer ID (Ethics Commission Filers) 00089690
4 Date 02/21/2026	5 Payee name Actblue	
6 Amount (\$) \$133.16	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) 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 actblue fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name DSPolitical, LLC	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 1133 15th St NW Suite 800 Washington, DC 20005	
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 video and static advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2026	Payee name Dreamhost	
Amount (\$) \$8.40	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

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) |
| Credit Card Payment | | | |

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 02/16/2026	5 Payee name Mailchimp	
6 Amount (\$) \$233.77	7 Payee address; City; State; Zip Code 405 N. Angier Ave. NE Atlanta, GA 30308	
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 list
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held