

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|   |   |  |   |
|---|---|--|---|
| <b>The C/OH Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Filer ID (Ethics Commission Filers)   | <b>2</b> Total pages filed:<br><p style="text-align: center;">5</p> |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR                      FIRST                      MI<br><p style="text-align: center;"><b>Jessica</b>                      <b>E</b></p> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX<br><p style="text-align: center;"><b>Cohen</b></p>   | <b>OFFICE USE ONLY</b>   |   |
|   | ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br><p style="text-align: center;"><b>1907A Townesouth Cir, Austin, Tx 78741</b></p> <input type="checkbox"/> Change of Address   |  | <b>OCC RECEIVED AT<br/>OCT 9 '18 PM4:48</b>                         |
| <b>5</b> CANDIDATE/ OFFICEHOLDER PHONE                                | AREA CODE                      PHONE NUMBER                      EXTENSION<br><p style="text-align: center;"><b>( 512 )                      843-5377</b></p>   | Date Hand-delivered or Date Postmarked   |   |
| <b>6</b> CAMPAIGN TREASURER NAME                                      | MS / MRS / MR                      FIRST                      MI<br><p style="text-align: center;"><b>Benjamin</b>                      <b></b></p> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX<br><p style="text-align: center;"><b>Corwin</b></p>  | Receipt #  | Amount \$   |
|   | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br><p style="text-align: center;"><b>11004 Watchful Fox Dr., Austin, Tx 78748</b></p> (Residence or Business)   |  | Date Processed  |
| <b>8</b> CAMPAIGN TREASURER PHONE                                     | AREA CODE                      PHONE NUMBER                      EXTENSION<br><p style="text-align: center;"><b>( 512 )                      364-9125</b></p>   | Date Imaged  |   |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input 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) |  |   |
| <b>10</b> PERIOD COVERED  | Month                      Day                      Year                      Month                      Day                      Year<br><p style="text-align: center;"><b>07 / 16 / 2018                      THROUGH                      10 / 09 / 2018</b></p>   |  |   |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month                      Day                      Year<br><p style="text-align: center;"><b>11 / 06 / 2018</b></p>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |   |
| <b>12</b> OFFICE  | OFFICE HELD (if any)  | <b>13</b> OFFICE SOUGHT (if known)   |   |
|   |   | <b>Austin City Council Member District 3</b>   |   |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14** C/OH NAME Jessica Cohen **15** Filer ID (Ethics Commission Filers)

**16** NOTICE FROM POLITICAL COMMITTEE(S)

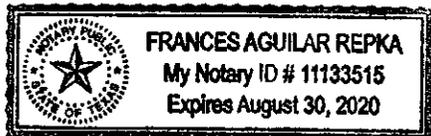
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|  |                                      |                |
|--|--------------------------------------|----------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE                       | COMMITTEE NAME |
|  | COMMITTEE ADDRESS                    |                |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |                |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |                |

|                               |   |           |
|-------------------------------|---|-----------|
| <b>17</b> CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 132.85 |
|                               | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$        |
| EXPENDITURE TOTALS            | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$        |
|                               | 4. TOTAL POLITICAL EXPENDITURES   | \$ 289.40 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 0.00   |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$        |

**18** AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jessica Cohen, this the 9th day of October, 2019, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Frances Aguilar Repka Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

|   |  |   |
|---|--|---|
| <b>19 FILER NAME</b><br>Jessica Cohen   |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            |  | \$ 132.85                                     |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$  |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$  |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |  | \$  |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       |  | \$  |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS              |  | \$ 156.55                                     |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |  | \$  |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  | \$  |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  | \$  |

# POLITICAL EXPENDITURES MADE 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:<br><b>1</b> | 2 FILER NAME<br><b>Jessica Cohen</b> | 3 Filer ID (Ethics Commission Filers) |
|--|--------------------------------------|---------------------------------------|

|                             |                                 |
|-----------------------------|---------------------------------|
| 4 Date<br><b>09/25/2018</b> | 5 Payee name<br><b>Facebook</b> |
|-----------------------------|---------------------------------|

|                                |  |
|--------------------------------|--|
| 6 Amount (\$)<br><b>132.85</b> | 7 Payee address; City; State; Zip Code<br><b>1601 Willow Road, Menlo Park CA 94025</b> |
|--------------------------------|--|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |                                   |
|------|-----------------------------------|
| Date | Payee name<br><b>Fedex/Kinkos</b> |
|------|-----------------------------------|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><b>25.84</b> | Payee address; City; State; Zip Code<br><b>327 Congress Ave #100, Austin, TX 78701</b> |
|-----------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: | 2 FILER NAME<br><b>Jessica Cohen</b> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|--------------------------------------|---------------------------------------|

|                             |                                 |
|-----------------------------|---------------------------------|
| 4 Date<br><b>09/25/2018</b> | 5 Payee name<br><b>Facebook</b> |
|-----------------------------|---------------------------------|

|                                |  |
|--------------------------------|--|
| 6 Amount (\$)<br><b>156.55</b> | 7 Payee address; City; State; Zip Code<br><b>1601 Willow Road, Menlo Park CA 94025</b> |
|--------------------------------|--|

Reimbursement from political contributions intended

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

Reimbursement from political contributions intended

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

Reimbursement from political contributions intended

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED