

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000009	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Sheryl NICKNAME LAST SUFFIX Coke	OFFICE USE ONLY Date Received: 2010 JUN 14 PM 4 10 Date Hand-delivered or Date Postmarked: Receipt # Amount: Date Processed: Date Imaged:	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 301 W. 2nd St. 2nd Floor Austin, TX 78701		
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 974.2266			
6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Rev. Joseph NICKNAME LAST SUFFIX Parker			
7 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5918 Lookout Mountain Austin, TX 78731			
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 323.6605			
9 REPORT TYPE	☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 01 2009 61 15 2010		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☒ General ☐ Special 04 30 2009		
12 OFFICE	OFFICE HELD (if any) City Council, Place 6	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME COLE, SHERYL		16 ACCOUNT # (Ethics Commission Filers) 00000009
17 NOTICE FROM POLITICAL COMMITTEE(S) ☐ additional pages	-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 234.40
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 1728.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,168.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.

Sheryl N Cole

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl Cole, this the 14 day of January, 2010, 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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
SCHEDULE F/3 REPORT 3 of 5

2 FILER NAME
COLE, SHERYL

3 ACCOUNT # (Ethics Commission filers)
00060069

4 Date 7/08/2009	5 Payee name Texas Freedom Network	7 Amount (\$) \$150.00
6 Payee address; City; State; Zip Code PO BOX 1624 Austin, TX 78767		

8 Purpose of payment (See instructions regarding type of information required.) Event Sponsorship (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 7/09/2009	Payee name Stephanie McDonald	Amount (\$) \$63.76
Payee address; City; State; Zip Code PO BOX 4101 Austin, TX 78765		

Purpose of payment (See instructions regarding type of information required.) Reimbursement for Constant Contact (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 7/09/2009	Payee name Ian Davis	Amount (\$) \$250.00
Payee address; City; State; Zip Code 600 Bouldin Austin, TX 78704		

Purpose of payment (See instructions regarding type of information required.) Innauguration Party Expenses (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 7/27/2009	Payee name Annie's List	Amount (\$) \$250.00
Payee address; City; State; Zip Code PO Box 699 Austin, TX 78767		

Purpose of payment (See instructions regarding type of information required.) Event Sponsorship (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2/3	
2 FILER NAME COLE, SHERYL		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 8/23/09	5 Payee name CADW	7 Amount (\$) \$100.00	
6 Payee address; City; State; Zip Code PO BOX 12962 AUSTIN, TX 78711			
8 Purpose of payment (See instructions regarding type of information required.) Event tickets (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 9/4/09	Payee name South Austin Democrats	Amount (\$) \$100.00	
Payee address; City; State; Zip Code PO BOX 152592 Austin, TX 78715-2592			
Purpose of payment (See instructions regarding type of information required.) Event Sponsorship (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/10/09	Payee name NAACP	Amount (\$) \$100.00	
Payee address; City; State; Zip Code 1107 E. 11th St Austin, TX 78702			
Purpose of payment (See instructions regarding type of information required.) Event Sponsorship (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/23/09	Payee name Mandy Dealey	Amount (\$) \$200.00	
Payee address; City; State; Zip Code 5401 Ridge Oak Drive, Austin TX 78731			
Purpose of payment (See instructions regarding type of information required.) Jane Sibley Reception (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3/3
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name Travis County Democratic Party	7 Amount (\$)
01/07/2010	6 Payee address; City; State; Zip Code PO BOX 684263, AUSTIN, TX 78768-4263	\$ 190.00

8 Purpose of payment (See instructions regarding type of information required.) Filing Dinner (If travel outside of Texas, complete Schedule T)	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date	Payee name Black Austin Democrats	Amount (\$)
01/07/2010	Payee address; City; State; Zip Code PO BOX 6276 AUSTIN, TX 78762-6276	\$ 90.00

Purpose of payment (See instructions regarding type of information required.) Sponsorship (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 6		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	2010 AUG 13 PM 2:12 AUSTIN CITY CLERK POSTING: DATE/TIME	
4 ORIGINAL REPORT TYPE	☒ January 15 ☐ Runoff ☐ Other (specify) ☐ July 15 ☐ Exceeded \$500 limit ☐ 30th day before election ☐ 15th day after treasurer appointment (officeholder only) ☐ 8th day before election ☐ Final report			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
5 ORIGINAL PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2009 12 / 31 / 2009			Legal	Total
				Date Processed	Date Imaged

6 EXPLANATION OF CORRECTION

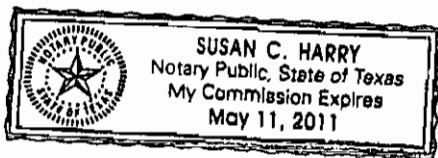
This amended report contains the following corrections:

- corrected the reporting period on page 1 to show last day of period covered was 12/31/09, not 1/15/10.
- corrected the expenditure payee name previously reported as Stephanie McDonald with description "reimbursement for Constant Contact" to expenditure payee name Constant Contact.
- corrected expenditure name of Capitol Area Democratic Women, previously reported as CADW, their known acronym.

7 AFFIDAVIT

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

Check ONLY if applicable:



- ☐ 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.

Sheryl Cole
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Sheryl Cole this the 13th day of August

20 10 to certify which, witness my hand and seal of office.

Susan C. Harry
 Signature of officer administering oath

Susan C. Harry
 Printed name of officer administering oath

Notary
 Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

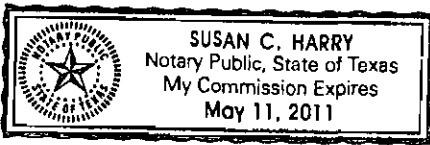
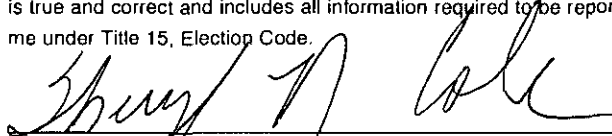
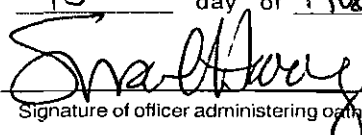
The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year		
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE ☐ Primary ☐ Runoff ☒ General ☐ Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>COLE, SHERYL</u>		16 ACCOUNT # (Ethics Commission Filers) <u>00000009</u>	
17 NOTICE FROM POLITICAL COMMITTEE(S) ☐ additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 	
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$	<u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	<u>234.40</u>
	4. TOTAL POLITICAL EXPENDITURES	\$	<u>1728.16</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<u>16,168.20</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>0</u>
19 AFFIDAVIT			
 SUSAN C. HARRY Notary Public, State of Texas My Commission Expires May 11, 2011		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 <u>Sheryl Cole</u>, this the <u>13th</u> day of <u>August</u>, 20 <u>10</u>, to certify which, witness my hand and seal of office.  _____ Signature of officer administering oath <u>Susan C. Harry</u> _____ Printed name of officer administering oath <u>Notary</u> _____ Title of officer administering oath			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

SCHEDULE 1/3 REPORT 3695

2 FILER NAME

COLE, SHERYL

3 ACCOUNT # (Ethics Commission filers)

00060009

4 Date

7/08/2009

5 Payee name

Texas Freedom Network

7 Amount (\$)

\$150.00

6 Payee address: City: State: Zip Code

PO BOX 1624

Austin, TX 78767

8 Purpose of payment (See instructions regarding type of information required.)

Event Sponsorship

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

7/09/2009

Payee name

CONSTANT CONTACT

Amount (\$)

\$63.76

Payee address: City: State: Zip Code

PO BOX 4101 Austin, TX 78765

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for Constant Contact

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

7/10/2009

Payee name

Ian Davis

Amount (\$)

\$250.00

Payee address: City: State: Zip Code

600 Bouldin Austin, TX 78704

Purpose of payment (See instructions regarding type of information required.)

Inauguration Party Expenses

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

7/27/2009

Payee name

Annie's List

Amount (\$)

\$250.00

Payee address: City: State: Zip Code

PO Box 699

Austin, TX 78767

Purpose of payment (See instructions regarding type of information required.)

Event Sponsorship

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2/3	
2 FILER NAME COLE, SHERYL		3 ACCOUNT # (Ethics Commission files) 00000009	
4 Date 8/23/09	5 Payee name CAPITAL AREA DEMOCRATIC WOMEN	7 Amount (\$) \$100.00	
6 Payee address: City: State: Zip Code PO BOX 12962 AUSTIN, TX 78711			
8 Purpose of payment (See instructions regarding type of information required.) Event tickets (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 9/4/09	Payee name South Austin Democrats	Amount (\$) \$100.00	
Payee address: City: State: Zip Code PO BOX 152592 Austin, TX 78715-2592			
Purpose of payment (See instructions regarding type of information required.) Event Sponsorship (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/10/09	Payee name National Association Advancement of Colored People	Amount (\$) \$100.00	
Payee address: City: State: Zip Code 1107 E. 11th St Austin, TX 78702			
Purpose of payment (See instructions regarding type of information required.) Event Sponsorship (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/23/09	Payee name Mandy Dealey	Amount (\$) \$200.00	
Payee address: City: State: Zip Code 5401 Ridge Oak Drive, Austin TX 78731			
Purpose of payment (See instructions regarding type of information required.) Jane Sibley Reception (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3/3

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

01/07/2010

Travis County Democratic Party

6 Payee address: City: State: Zip Code

PO Box 684243, AUSTIN, TX 78768-4263

\$190.00

8 Purpose of payment (See instructions regarding type of information required.)

Filing Dinner
(If travel outside of Texas, complete Schedule T)9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

01/07/2010

Black Austin Democrats

Payee address: City: State: Zip Code

PO BOX 6276 AUSTIN, TX 78762-6276

\$90.00

Purpose of payment (See instructions regarding type of information required.)

Sponsorship
(If travel outside of Texas, complete Schedule T)-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
☐ Change of Address	201 W. 2nd St. Austin, TX 78701		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	974-2266	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
	REV	Joseph	Parker
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE		
	5118 Lookout Mountain Austin TX 78731		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	323-6605	
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 16 / 2010 07 / 15 / 2010		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	☐ Primary ☐ Runoff ☒ General ☐ Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	CITY COUNCIL, PLACE 6		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name		
	Address / PO Box: Apt. / Suite #: City: State: Zip Code		
☐ additional pages			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S) ☐ additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	☐ GENERAL ☐ SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,785.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,382.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.

Sheryl Nelson Cole
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl Nelson Cole, this the 21 day of July, 20 10, to certify which, witness my hand and seal of office.

Reyna Ruiz
Signature of officer administering oath

Reyna Ruiz
Printed name of officer administering oath

Admin Specialist
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1/4		2 FILER NAME COLE, SHERYL		3 ACCOUNT # (Ethics Commission Filers) 00000009	
4 Date 5/20/2010		5 Payee name UT TEXAS EXES			
6 Amount (\$) \$750		7 Payee address; City; State; Zip Code 2110 San Jacinto Blvd Austin, TX 78712			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FEES		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 6/25/2010		Payee name REAGAN HIGH SCHOOL			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 7104 Berkman Dr Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) AWARD		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 6/29/2010		Payee name RADISSON			
Amount (\$) \$357.00		Payee address; City; State; Zip Code 3200 E Surfside Blvd Corpus Christi, TX 78402			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT		Description (If travel outside of Texas, complete Schedule T) DEM. STATE CONVENTION	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 6/29/2010		Payee name SERRANO'S			
Amount (\$) \$68.40		Payee address; City; State; Zip Code 1111 Red River Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) THANK YOU/WAIVER	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/4	2 FILER NAME COLE, SHERYL	3 ACCOUNT # (Ethics Commission Filers) 00000009
4 Date 2/27/2010	5 Payee name Stephanie Lee McDonald	
6 Amount (\$) \$250	7 Payee address; City; State; Zip Code PO Box 4101 Austin, TX 78765	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARIES	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: COLE		
Office sought: Office held:		
Date 5/3/2010	Payee name Stephanie Lee McDonald	
Amount (\$) \$190.52	Payee address; City; State; Zip Code PO Box 4101 Austin, TX 78765	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Constant Contact Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: Office sought: Office held:		
Date 4/15/2010	Payee name JACK & DILL	
Amount (\$) \$100	Payee address; City; State; Zip Code 704 E St. Johns Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: Office sought: Office held:		
Date 4/19/2010	Payee name CAP D	
Amount (\$) \$250	Payee address; City; State; Zip Code PO BOX 684263 Austin, TX 78765	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3/4		2 FILER NAME COLE, SHERYL		3 ACCOUNT # (Ethics Commission Filers) 00000009	
4 Date 1/15/2010		5 Payee name ABLA			
6 Amount (\$) \$200		7 Payee address; City; State; Zip Code PO BOX 13321 AUSTIN, TX 78711-3321			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FEES		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name CAUTELIA HEDRICK		Office sought CANDIDATE MEMBER	
Date 1/30/2010		Payee name LEADERSHIP AUSTIN			
Amount (\$) \$125		Payee address; City; State; Zip Code 1609 Shoal Creek Blvd Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 1/15/2010		Payee name NATIONAL WOMEN OF ACHIEVEMENT			
Amount (\$) \$35.00		Payee address; City; State; Zip Code PO BOX 41154 Houston, TX 77241			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2/1/2010		Payee name Asian Democrats			
Amount (\$) \$200.00		Payee address; City; State; Zip Code PO BOX 684263 Austin, TX 78766			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>4/4</u>	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers) <u>00000009</u>
4 Date: <u>1/14/2010</u>	5 Payee name <u>LINKS AUSTIN</u>	
6 Amount (\$) <u>\$100</u>	7 Payee address; City; State; Zip Code <u>1200 Massachusetts Ave, NW</u> <u>Washington DC 20005</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>FEES</u>	(b) Description (If travel outside of Texas, complete Schedule T)
9 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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
SHERYL COLE		N	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	301 W. 2ND ST AUSTIN, TX 78701		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	974-2266	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
REV PARKER		JOSEPH	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	5918 LOOKOUT MOUNTAIN AUSTIN, TX 78731		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	323-6605	
9 REPORT TYPE	☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	07	16	2010
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
04		30	2009
☐ Primary ☐ Runoff ☒ General ☐ Special			
12 OFFICE	OFFICE HELD (if any)		
	CITY COUNCIL, PLACE 6		
13 OFFICE SOUGHT (if known)			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name Address / PO Box: Apt. / Suite #: City: State: Zip Code		
GO TO PAGE 2			

OFFICE USE ONLY

Date Received

Date Hand-delivered or Picked up

Receipt #

Date Processed

Date Imaged

 2011 JAN 10
 RECEIVED
 AUSTIN CITY CLERK

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rentel Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME COLE, SHERYL N		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/26/2010		5 Payee name Capital Area Democratic Women			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code P.O. BOX 2211 AUSTIN, TX 78768-2211			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) EVENT		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/11/2010		Payee name RANCHO GARZA			
Amount (\$) \$ 350		Payee address; City; State; Zip Code 430 S. CAPITOL ST. E WASHINGTON, DC 20008			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRACT LABOR / OBAMA EVENT		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/11/2010		Payee name FIFTH / LAMAR RETAIL			
Amount (\$) \$350		Payee address; City; State; Zip Code 707 W. 5TH ST AUSTIN, TX 78703-5426			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD EXPENSE		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/12/2010		Payee name LEAGUE OF WOMEN VOTERS			
Amount (\$) \$60		Payee address; City; State; Zip Code 1011 W. 81ST AUSTIN, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME COLE, SHERYL N	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 10/12/2010	5 Payee name ANNIE'S LIST				
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 506 W. 7TH ST AUSTIN, TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT	(b) Description (If travel outside of Texas, complete Schedule T)			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">Candidate / Officeholder name</td> <td style="width: 30%;">Office sought</td> <td style="width: 30%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 10/19/2010	Payee name TEXAS FREEDOM NETWORK				
Amount (\$) \$100	Payee address; City; State; Zip Code 608 W. 22ND ST AUSTIN, TX 78705				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT	Description (If travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">Candidate / Officeholder name</td> <td style="width: 30%;">Office sought</td> <td style="width: 30%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 10/21/2010	Payee name SAM BISCOE CAMPAIGN				
Amount (\$) \$250	Payee address; City; State; Zip Code 6411 BRIDGEWATER AUSTIN, TX 78723				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION	Description (If travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">Candidate / Officeholder name</td> <td style="width: 30%;">Office sought</td> <td style="width: 30%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 10/29/2010	Payee name COA / COMBINED CHARITIES				
Amount (\$) \$100	Payee address; City; State; Zip Code 707 WEST AVE #203 AUSTIN, TX 78701				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">Candidate / Officeholder name</td> <td style="width: 30%;">Office sought</td> <td style="width: 30%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME COLE, SHERYL N		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/29/2010		5 Payee name NAACP			
6 Amount (\$) \$475.00		7 Payee address; City; State; Zip Code 1107 E. 11th St 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) EVENT		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/5/2010		Payee name LEADERSHIP AUSTIN			
Amount (\$) \$125		Payee address; City; State; Zip Code 1609 SHOAL CREEK BLVD # 202 AUSTIN TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/29/2010		Payee name TRAVIS COUNTY DEMOCRATIC PARTY			
Amount (\$) \$204.70		Payee address; City; State; Zip Code 1311 E. 6th St AUSTIN, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) HOLIDAY PARTY FOOD		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/16/2010		Payee name STEPHANIE LEE McDONALD			
Amount (\$) \$500		Payee address; City; State; Zip Code PO BOX 4101 AUSTIN, TX 78765			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		Description (If travel outside of Texas, complete Schedule T)	
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME COLE, SHERYL N	3 ACCOUNT # (Ethics Commission Filers)
4 Date 30 DEC 2010	5 Payee name CONSTANT CONTACT	
6 Amount (\$) \$ 62.89	7 Payee address; City; State; Zip Code 3833 SOUTH CONGRESS AVE, SUITE # 404 DELRAY BEACH, FL 33445	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
9 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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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

VERIFICATION FOR ELECTRONIC FILING

AFFIDAVIT

I, _____, swear or affirm, that the accompanying report filed on electronic disk is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Date

Signature – Candidate or Officeholder

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

SEAL

Signature – officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)		
10 PERIOD * COVERED	Month Day Year THROUGH Month Day Year 01 / 16 / 2011 06 / 30 / 2011		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☒ General ☐ Special 04 / 30 / 2009		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ additional pages	CITY COUNCIL, PLACE 6		
	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

OFFICE USE ONLY
 Date Received
 Date Hand-delivered or Postmarked
 Receipt #
 Amount
 Date Processed
 Date Imaged

2011 JUL 6 PM 3 13
 RECEIVED
 AUSTIN CITY CLERK

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

75.00

4. TOTAL POLITICAL EXPENDITURES

\$

3,441.53

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

6,875.15

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 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.

Sheryl A. Cole
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl Cole, this the 16 day of July, 20 11, 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

Reyna Ruiz

Admin Specialist

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1/2		2 FILER NAME COLG, SHERYL N		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 17 APRIL 2011		5 Payee name BLACK AUSTIN DEMOCRATS			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code PO BOX 6276 AUSTIN, TX 78762-6276			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONTRIBUTIONS		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 17 APRIL 2011		Payee name CAPITAL AREA DEMOCRATS			
Amount (\$) \$250		Payee address; City; State; Zip Code POST OFFICE BOX 684263 AUSTIN, TEXAS 78768			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTIONS		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4 MAY 2011		Payee name TEXAS ETHICS COMMISSION			
Amount (\$) \$500		Payee address; City; State; Zip Code POST OFFICE BOX 12070 AUSTIN, TEXAS 78711-2070			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 30 JUNE 2011		Payee name JOIA JITAIDI			
Amount (\$) \$1500		Payee address; City; State; Zip Code 5114 BALCONES WOODS DRIVE, SUITE 307-111 AUSTIN, TEXAS 78759			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		Description (If travel outside of Texas, complete Schedule T)	
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
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Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/2		2 FILER NAME COLE, SHERYL N		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 20 JAN 2011		5 Payee name MARK MCCULLOUGH / CHECK MARK			
6 Amount (\$) \$188.73		7 Payee address: City: State: Zip Code 3217 NORTH 35 AUSTIN, TX 78722			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5 JULY 2011		Payee name CONSTANT CONTACT			
Amount (\$) \$270.73		Payee address: City: State: Zip Code 3333 SOUTH CONGRESS AVENUE, SUITE #404 DELRAY BEACH, FL 33445			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 14 MAR 2011		Payee name AT&T			
Amount (\$) \$417.07		Payee address: City: State: Zip Code 907 WEST FIFTH STREET, SUITE 103 AUSTIN, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 17 MAR 2011		Payee name ARC OF TEXAS			
Amount (\$) \$65.00		Payee address: City: State: Zip Code 8001 CENTRE PARK DRIVE, SUITE 100 AUSTIN, TX 78754			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT CONTRIBUTION		Description (If travel outside of Texas, complete Schedule T)	
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					